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Developed in conjunction with the plan for comprehensive state and community action to combat mental retardation, the Maine Mental Retardation Facilities Construction Plan is designed to be integrated with other health facilities and to serve the needs of the mentally retarded. The advisory council and the state agency in charge are described. The following are also detailed: state organization, departmental agreement, state committees having interest in mental retardation planning, the agreement with the Health Facilities Planning Council, and responsibilities of the Maine Committee on Problems of the Mentally Retarded. Goals for construction, development of the state plan, and delineation of the state's five planning regions are explained. A state map of regions is provided, and services for the retarded are presented by region. An inventory of mental retardation facilities covers general data and services. The relative need, methods of administration, and application process are detailed. The appendix presents documents, descriptive tables, and maps. (JD)

STATE OF MAINE

MENTAL RETARDATION FACILITIES CONSTRUCTION PLAN

SECOND ANNUAL REPORT

1966 - 1967

ED025072

EC 002 922

REACHING THE RETARDED IN MAINE

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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MENTAL RETARDATION FACILITIES
CONSTRUCTION PLAN

SECOND ANNUAL REPORT

1966-1967

ADMINISTRATION OF CONSTRUCTION OF MENTAL RETARDATION FACILITIES

Department of Health and Welfare
Dean Fisher M.D. Commissioner
Woodrow E. Page, Program Director

EC002 922

ED025072

Construction Plan Prepared by the

Maine Committee on Problems
of the Mentally Retarded

Edmund N. Ervin M. D. Chairman

Room 700, State Office Building, Augusta, Maine

TABLE OF CONTENTS

	Page
Introduction	1
Mental Retardation Facilities Advisory Council	3
Single State Agency	7
Authority of State Agency	8
Organizational Chart	9
Departmental Agreement	10
State Committees having Interest in Mental Retardation Planning	11
Agreement with Health Facilities Planning Council	17
Responsibilities of the Maine Committee on Problems of the Mentally Retarded	19
Goals for Construction	21
Development of State Plan	22
Delineation of Planning Regions	23
State Map of Regions	24
Services for the Retarded by Region	25
Region I	26
Region II	28
Region III	30
Region IV	32
Region V	34
Inventory of Mental Retardation Facilities	36
(a) General Data	37
(b) Services	43
(c) Summary	49
Relative Need	56
Methods of Administration	60
Application Process	66
Appendix	69

INTRODUCTION

The Mental Retardation Facilities Construction Plan was developed in conjunction with the Plan for Comprehensive State and Community Action to Combat Mental Retardation. Both of the Plans are the responsibility of the Maine Committee on Problems of the Mentally Retarded, with the Interdepartmental Board on Mental Retardation as its advisory group. Approval of applications will be granted according to priority by the Mental Retardation Facilities Advisory Council created by the Legislature in April 1965. Administration of the construction program and supervision of construction is the responsibility of the Department of Health and Welfare.

Under Title I, Part C of P. L. 88-164, with administrative responsibility by the United States Public Health Service, three types of facilities for the mentally retarded are provided for.

The emphasis in Maine is on the construction of community facilities for the mentally retarded, since the development of community services has had major emphasis in the past few years. Some community services now exist which need buildings in which to carry on their programs, and more must be provided.

Many people have been involved in this planning. The local Associations for Retarded Children throughout the State have been consulted, and their expressed needs are reflected in the Plan. Public school systems have been involved because classes for trainable retarded children, partially supported by local school funds, have been the major source of requests for construction funds.

Members of the Maine Committee on Problems of the Mentally Retarded and of the Interdepartmental Board on Mental Retardation have studied the Plan and have given generously of their time and knowledge in devising a means of meeting Maine's need for construction of facilities.

The Planner for Mental Health Construction in the Department of Mental Health and Corrections, Mr. Jack Leet, and the Director of Health Facilities Construction in the Department of Health and Welfare, Mr. Woodrow E. Page, have been most helpful in the preparation of this Plan. Coordination between the Construction Plans for Health Facilities, Community Mental Health Centers, and Mental Retardation Facilities is an important part of overall State Planning.

Frequent contacts and timely interchanges of information with the Health Facilities Planning Council have been maintained. A contract was negotiated in April 1966 with the Council, under the terms of which the Council will assume a portion of the responsibility for this second annual revision of the Mental Retardation Facilities Construction Plan, and will communicate the existence and nature of the needs of the mentally retarded to interested persons and groups. It will also provide consultation for bringing about the integration of services and facilities into health planning. The Council has initiated the organization of regional planning groups in Maine and has included as members on them those interested in the welfare of the mentally retarded.

This Plan, the Committee's Second Annual Report, presents both long and short-range goals for development of a plan integrated with other health facilities and serving the needs of the mentally retarded in all of the five planning regions.

Implementation of yearly plans calls for an orderly development of needed facilities to meet the needs of the approximately 30,000 Maine citizens suffering from the limiting handicap of mental retardation.

STATE ADVISORY COUNCIL

Name of Council

Mental Retardation Facilities Advisory Council

Enabling Law

Chapter 231, Public Law approved April 28, 1965, directs the Governor of Maine to appoint a State Advisory Council or councils with appropriate representatives, including such representatives as are required as a condition of eligibility for benefits under any Federal law, to consult with such State officer or agency in carrying out the purposes of the Chapter.

Method of Selecting Membership

Members are selected from representatives of nongovernment organizations or groups, and of state agencies, concerned with planning of mental retardation facilities and including representatives of consumers of the services provided by such centers and facilities who are familiar with the need for such services, to consult with the departments in carrying out the construction plan.

The number of members appointed to the Council is discretionary with the State Agency, provided at least one representative of each of the required groups is included.

In addition, State Departments of Health, Vocational Rehabilitation Agencies, Children's Bureaus and Departments of Education have direct legal responsibilities in the planning, operation or utilization of facilities for the mentally retarded in practically all states. Inclusion of representatives of these agencies in some type of advisory capacity either as members of the Advisory Council or as a special committee is essential in the interest of continuity and coordination of planning of services and facilities for the retarded.

Chairman

The Governor of the State of Maine shall designate the Chairman of the Council.

Tenure

Each Council member shall hold office for a term of 4 years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and the term of office of the members first taking office shall expire, as designated at the time of appointment, one-fourth of the total number of members at the end of the first year, one-fourth at the end of the second year, one-fourth at the end of the third year, and one-fourth at the end of the fourth year, after the date of appointment.

Responsibilities

This Council is authorized and empowered to comply with or do any things necessary or required to be done as a condition to receiving Federal aid or grants with respect to the establishment, construction, modernization, maintenance, equipment, or operation of mental retardation facilities.

Meetings

The Mental Retardation Facilities Advisory Council shall meet as frequently as the Chairman deems necessary but not less than once each year. Upon request of four or more members of the Council, it shall be the duty of the Chairman to call a meeting of such Council.

Compensation

Council members while serving on Council business shall receive no compensation but shall be entitled to receive actual and necessary travel and subsistence expenses while so serving away from their places of residence.

Date Council was Originally Appointed

September 17, 1965.

MENTAL RETARDATION FACILITIES ADVISORY COUNCIL

(Title I, Part C., Public Law 88-164)

Representatives of State agencies concerned with planning, operation, or utilization of facilities for the mentally retarded:

	Member	Representation	Term Expires
1.	Edmund N. Ervin, M.D., Chairman 2 School Street Waterville	Maine Committee on Problems of the Mentally Retarded	1 year 9-17-67
2.	Dean Fisher, M.D. Wayne	Commissioner, Maine Department of Health and Welfare	1 year 9-17-67
3.	William E. Schumacher, M.D. 14 Westwood Road Augusta	Director, Bureau of Mental Health, Maine Department of Mental Health and Corrections	1 year 9-17-67

Representatives of nongovernment orgainzations or groups concerned with education, employment, rehabilitation, welfare, and health:

4.	Edward Y. Blewett 1 College Street Portland	President, Westbrook Junior College, Portland (Education)	4 years 9-17-70
5.	Marshall J. Gerrie, D.O. 43 Roosevelt Avenue Waterville	Maine Osteopathic Association (Health)	3 years 9-17-69
6.	Edward Meyers Walpole P. O. South Bristol	Pine Tree Society for Crippled Children (Rehabilitation)	3 years 9-17-69
7.	Frederick T. Hill, M.D. 11 Dalton Street Waterville	Medical Staff, Thayer Hospital Waterville (Health and Rehabilitation)	4 years 9-17-70
8.	Archibald M. Main, Jr. 1077 Washington Street Bath	Bath-Brunswick Unit, Association for Retarded Children (Welfare)	3 years 9-17-69
9.	Charles S. Ross, Jr. 236 Franklin Street Rumford	Rumford School Committee (Education)	2 years 9-17-68

Representatives of consumers of the services provided by such facilities:

	Member	Representation	Term Expires
10.	Frank C. Curran 166 Broadway Avenue Bangor	Administrator, Eastern Maine General Hospital	2 years 9-17-68
11.	Robert C. Emerson, Jr. 15 Connecticut Avenue Millinocket	President-elect, Maine Pharmaceutical Assoc. Region II Co-ordinator, Mental Health Planning	4 years 9-17-70
12.	Robert W. Hudson 40 Nottingham Road Auburn	Trustee, Central Maine General Hospital, Lewiston, Dist. Mgr., Central Maine Power Company	4 years 9-17-70
13.	John T. Konecki, M.D. West Auburn Road Auburn	Radiologist, St. Mary's General Hospital, Lewiston	3 years 9-17-69
14.	Mrs. Tobie Nathanson 4 Westwood Lane Saco	York County Child and Family Guidance Association	1 year 9-17-67
15.	C. Hazen Stetson 92 Barton Street Presque Isle	President, Maine Public Service Company	2 years 9-17-68
16.	Mrs. Nellie Wade 448 Lake Street Auburn	Director, Lewiston-Auburn Child and Family Service - Former Member, State Advisory Committee	2 years 9-17-68

(Appointments originally made September 17, 1965)

SINGLE STATE AGENCY

Any changes or modifications in the authority of the State agency for the administration or the supervision of the administration of the State Plan or any change in the authority of the State agency to carry out the construction phases of the plan must be documented as a part of the annual modification of the plan.

DESIGNATED STATE AGENCY

The Maine Department of Health and Welfare

STATE AUTHORITY

Dean Fisher, M.D., Commissioner

PROGRAM DIRECTOR

Woodrow E. Page

AUTHORITY OF SINGLE STATE AGENCY

Certification of enactment - An Act to Authorize State Participation in Federally Aided Health Facilities Programs. (See Appendix)

Copy of Law - Chapter 231 Public Law Approved April 28, 1965 by Governor John H. Reed. (See Appendix)

Letter from Governor John H. Reed to Luther L. Terry, M.D., Surgeon General, Public Health Service designating the Department of Health and Welfare as the sole agency for the administration of the plan. (See Appendix)

STATE AGENCY HAVING INTEREST IN SURVEY, PLAN, AND PROGRAM DEVELOPMENT

Maine Committee on Problems of the Mentally Retarded

This agency was named by Governor John H. Reed, to be the planning agency for Maine. This includes Planning for Comprehensive Services and also for Construction of Mental Retardation Facilities.

CHAIRMAN OF THE COMMITTEE

Edmund N. Ervin, M.D.

OFFICE OF THE MAINE COMMITTEE ON PROBLEMS OF THE MENTALLY RETARDED

Room 700, State Office Building, Augusta, Maine 04330

Mrs. Robina M. Hedges, Executive Secretary and Director of Planning
Lewis H. Palmer, Mental Retardation Planning Coordinator, 1966

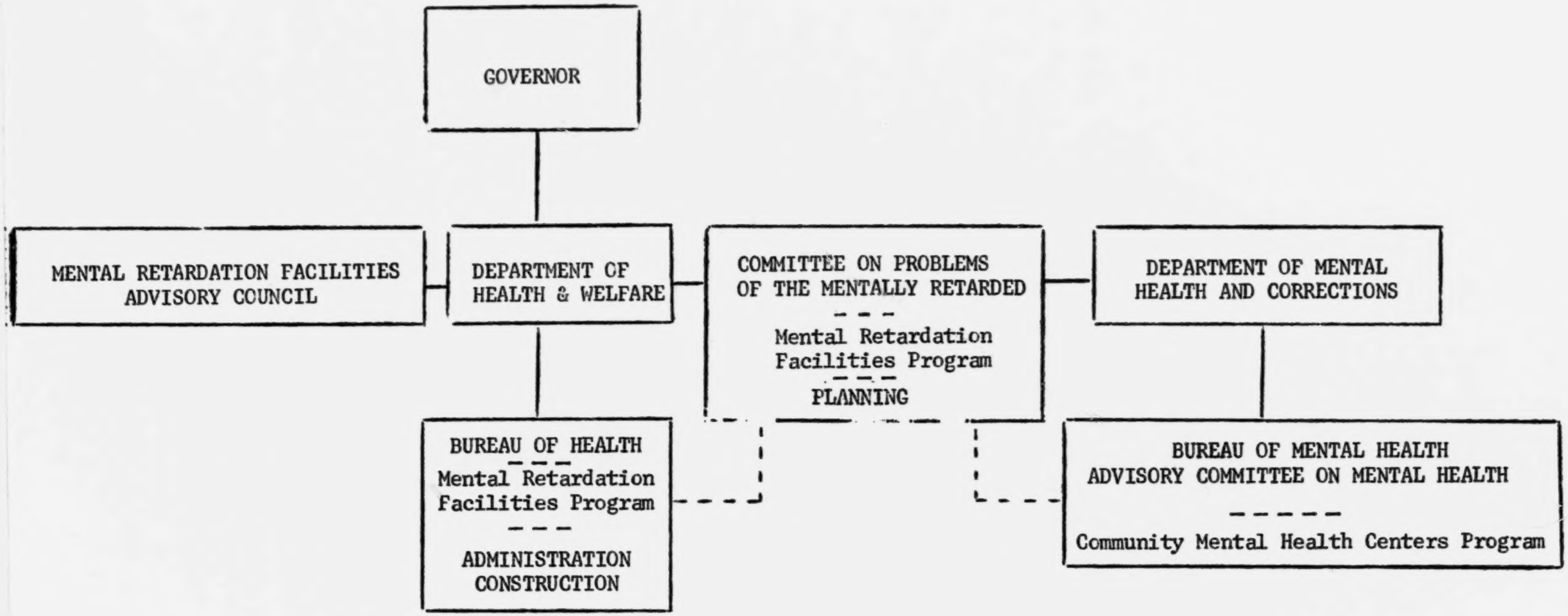
AUTHORITY OF STATE AGENCY

The State Department of Health and Welfare has been designated as the sole agency to administer and supervise the Mental Retardation Facilities Construction Program in the State of Maine.

Authority for the Department of Health and Welfare to administer the Program was granted by Title 22, Chapter 401, Revised Statutes of 1964, as amended by Chapter 231 of the Public Laws of 1965.

Organizational Chart

MENTAL RETARDATION FACILITIES PROGRAM


GOVERNOR
MENTAL RETARDATION FACILITIES ADVISORY COUNCIL
DEPARTMENT OF HEALTH & WELFARE
COMMITTEE ON PROBLEMS OF THE MENTALLY RETARDED
Mental Retardation Facilities Program
PLANNING
DEPARTMENT OF MENTAL HEALTH AND CORRECTIONS
BUREAU OF HEALTH
Mental Retardation Facilities Program
ADMINISTRATION CONSTRUCTION
BUREAU OF MENTAL HEALTH
ADVISORY COMMITTEE ON MENTAL HEALTH
Community Mental Health Centers Program

DEPARTMENTAL AGREEMENT

1. Joint agreement between the Department of Health and Welfare and the Maine Committee on Problems of the Mentally Retarded in the administration of Public Law 88-164, Title I, Part C., Construction of Facilities for the Mentally Retarded.

    a. The Maine Committee on Problems of the Mentally Retarded has entered into an agreement with the Maine Department of Health and Welfare for the express purpose of utilizing the experience and knowledge of the Hill-Burton officials in constructing mental retardation facilities approved under Maine's Mental Retardation Facilities Plan.

2. The Agreement

    a. The Department of Health and Welfare will be responsible for the following functions:

        1. General Administration (with the exceptions mentioned under item b, below)

        2. Review and processing of Parts 1, 2, 3, and 4 of the Project Applications (with the exception of the review of Part 1 in respect to program (scope) and feasibility mentioned under item b2, below)

        3. All phases of construction and payments

        4. Consultation with the Advisory Council

    b. The Maine Committee on Problems of the Mentally Retarded will be responsible for the following functions:

        1. Preparation of the State Mental Retardation Facilities Plan, annual revisions and modifications thereof and forward same to the Department of Health and Welfare as required by Public Health Service Regulations.

        2. Consult directly with eligible project sponsors in the development of their proposed project program (scope) and feasibility in accordance with Public Health Service requirements and review of the project application in respect to these items.

STATE COMMITTEES HAVING AN INTEREST IN MENTAL RETARDATION PLANNING AND/OR SERVICES

1. The Maine Committee on Problems of the Mentally Retarded

    a. This is a twelve-member Committee appointed by the Governor to study the problems and needs of the mentally retarded in Maine. This Committee is the counterpart of the Advisory Committee on Mental Health as it is responsible for and delegated authority to develop and initiate the Comprehensive Mental Retardation Planning of the State of Maine.

Members of the Maine Committee on Problems of the Mentally Retarded are:

Edmund N. Ervin, M.D., Chairman, 2 School Street, Waterville. Pediatrician, Director of clinic for preschool mentally retarded children at Thayer Hospital, Waterville.

Mrs. Margaret Beliveau, Hancock Street, Rumford. Teacher of mentally retarded and speech defective at Rumford. Assisted in compiling Maine statutes as they pertain to the mentally retarded.

Lynward Brow, 10 Rand Road, Cape Elizabeth. Retired; President of the Maine Association for Retarded Children, Past President of Pineland Parents and Friends Associates.

William J. Harvey, 117 Walnut Street, South Portland. Active in program supporting the mentally retarded through the Telephone Pioneer Group.

Mrs. Ruth Joudry, East Millinocket. Housewife, active in Katahdin Friends of Exceptional Children.

Dr. Elizabeth Levinson, 78 North Main Street, Orono. Psychologist with the Department of Mental Health and Corrections at Bangor. Author of "Retarded Children in Maine - A Survey and Analysis", 1962. Mrs. Levinson has stimulated action for the retarded in Maine for many years with parent groups.

Mrs. Emma MacDonald, 64 Royal Road, Bangor. Director, Education for Mentally Retarded Children in the State Department of Education, Augusta. Former teacher of special education at Bangor.

H. Jay Monroe, Ph.D., Director, Para-Medical Services, Pineland Hospital and Training Center, Pownal.

Mrs. Christine L. Ruby, State Representative, 7A Cottage Street, Bangor.

Robert C. Russ, 17 Westview Road, Cape Elizabeth. Vice-President of the Union Mutual Life Insurance Company and former Chairman of the State Committee for the Aging.

John Shea, Director, Probation and Parole, Department of Mental Health and Corrections, State House, Augusta. He has been most helpful when the Committee discusses the adolescent and adult retarded, and the problem of the retardate and the courts.

Mrs. Margaret R. Sproul, Pemaquid (Bristol), State Senator and lawyer.

Mrs. Robina M. Hedges, Executive Secretary. Former teacher of special education at Brunswick, has been with the Committee since 1959.

Lewis H. Palmer, Mental Retardation Planning Coordinator, has worked in this capacity since 1966.

2. Interdepartmental Board on Mental Retardation

   a. This Board makes possible joint action and mutual planning by several State Agencies in regard to solutions to the problems of the mentally retarded in Maine. Although not responsible for the State comprehensive retardation plan, it had an integral part and played an important role in its formulation and implementation.

      Its membership is composed of Commissioners and members of the Departments which offer services to the retarded.

Members of the Interdepartmental Board on Mental Retardation are:

Peter W. Bowman, M.D., Superintendent, Pineland Hospital and Training Center, Pownal.

Edmund N. Ervin, M.D., 2 School Street, Waterville,Chairman of the Maine Committee on Problems of the Mentally Retarded.

Dean Fisher, M.D., Commissioner, Department of Health and Welfare, Augusta.

Mrs. Robina M. Hedges, Secretary; Executive Secretary of the Maine Committee on Problems of the Mentally Retarded, Augusta.

Stanley A. Jones, Informational Representative, Employment Security Commission, Augusta.

William T. Logan, Commissioner, Department of Education, Augusta.

Mrs. Emma MacDonald, Director, Education for the Mentally Retarded, Department of Education, Augusta.

Miss Marion E. Martin, Commissioner, Department of Labor and Industry, Augusta.

Elmer Mitchell, Director; Division of Vocational Rehabilitation, Department of Education, Augusta.

Helen Provost, M.D., Director, Maternal and Child Health and Crippled Children Services, Department of Health and Welfare, Augusta.

William E. Schumacher, M.D., Chairman; Director, Bureau of Mental Health, Department of Mental Health and Corrections, Augusta.

Stephen P. Simonds, Director, Bureau of Social Welfare, Department of Health and Welfare, Augusta.

Walter F. Ulmer, Commissioner, Department of Mental Health and Corrections, Augusta.

3. Advisory Committee on Mental Health

   a. This group has served as a program reviewing agency to the Bureau of Mental Health and as a citizen's sounding board for contemplated policy and program change. It has also been designated as the appropriate group to work in collaboration with the Bureau of Mental Health to initiate the development of a comprehensive state-wide plan for mental health facilities and services.

Members of the Advisory Committee on Mental Health are:

Mr. Neil D. Michaud, Chairman, 317 Congress Street, Portland, Administrative Director, Diocesan Bureau of Human Relations Services.

Mr. David W. Armstrong, 142 Federal Street, Portland, Chief Probation Officer at Cumberland County Juvenile Probation Department.

Mr. John Ballou, 6 State Street, Bangor, Lawyer, President of Board of Directors of the Eastern Maine Guidance Center, Bangor.

Mrs. Ruth Pullen, Mills and Mills Attorneys, 55 Main Street, Bangor.

Mr. Norman R. Rogerson, 38 Bowdoin Street, Houlton, Businessman.

Francis H. Sleeper, M.D., 3 Colony Road, Augusta, Consultant to Mental Health Planner, past Superintendent of Augusta State Hospital, Psychiatrist.

Miss Mary Worthley, West Lebanon, retired schoolteacher, lay preacher.

4. The Health Facilities Planning Council

This Council, a non-profit corporation, has as its objective the planning on a state-wide basis for the orderly development and distribution of health services and facilities. Representative of both professional and lay community leadership, it is dedicated to total health care planning and has worked closely with the Maine Committee on Problems of the Mentally Retarded. The Council, under contract, has studied facilities for the mentally retarded in accordance with existing and planned health facilities throughout the State and incorporated pertinent results in helping to update the second annual revision of the Mental Retardation Facilities Construction Plan.

Members of the Board of Directors are:

David Garceau, President, Commissioner, Department of Banks and Banking, Augusta.

Charles Hagan, Vice President, Safety Director, Oxford Paper Company, Rumford.

Wilfred Poirier, Treasurer, Executive Director, Maine Hospital Association, Augusta.

Albert Abrahamson, Instructor in Economics, Bowdoin College, Brunswick.

John C. Barker, Retired Director, Maine Medical Center, Portland.

Roswell P. Bates. D.O., Executive Secretary, Maine Osteopathic Association, Bangor.

George D. Bearce, Retired Manager, St. Regis Paper Company, Bucksport.

Frank G. Chapman, Lawyer, Augusta.

Very Reverend Monsignor John G. Clancy, South Portland.

Benjamin J. Dorsky, President, Maine State Federated Labor Council, Bangor.

Dean Fisher, M.D., Commissioner, Department of Health and Welfare, Augusta.

Daniel F. Hanley, M.D., Executive Secretary, Maine Medical Association, Brunswick.

Frederick T. Hill, M.D., Chairman, Hospital Advisory Council, Waterville.

Robert W. Hudson, Division Manager, Central Maine Power Company, Lewiston.

Curtis M. Hutchins, Director, Dead River Company, Bangor.

Robert A. Jordan, C.P.A., Jordan & Jordan Accounting Firm, Portland.

Edward S. Kierstead, D.M.D., Dentist, Waterville.

Sister LeRoux, Treasurer, Marcotte Home, Lewiston.

William T. Logan, Jr., Commissioner, State Department of Education.

Edward Morse, M.D., Surgeon, Knox County General Hospital, Rockland.

Elinor F. C. Nackley, R.N., Former President, Maine State Nurses' Association, Machias

George T. Nilson, Field Director, Bingham Associates Fund, Augusta.

M. Carman Pettapiece, D.O., Radiology Chief, Osteopathic Hospital of Maine, Portland.

Charles A. Pomeroy, Justice, State of Maine Superior Court, Portland.

L. Felix Ranlett, Member Planning Board, City of Bangor.

Kenneth D. Robinson, Executive Secretary, Maine Nursing Home Association, Gardiner.

William E. Schumacher, M.D., Director, Bureau of Mental Health, Augusta.

C. Hazen Stetson, President, Maine Public Service Company, Presque Isle.

Paul A. Webb. Former Executive Director, Associated Hospital Service of Maine, Falmouth.

Richard H. Woodbury, Assistant Managing Editor, Press Herald-Evening Express, Portland.

AGREEMENT WITH
HEALTH FACILITIES PLANNING COUNCIL

THIS AGREEMENT made this first day of April, 1966, by and between the Health Facilities Planning Council, Inc., a corporation organized under the laws of the State of Maine, hereinafter referred to as the Council, and State of Maine, Maine Committee on Problems of the Mentally Retarded, hereinafter referred to as the Committee,

WITNESSETH, that the parties to this agreement in consideration of payments to be made by the Committee, and services to be performed by the Council as hereinafter stated, stipulate and agree as follows:

1. The Committee agrees to pay to the Council on or before April 15, 1966, the sum of Two Thousand Two Hundred and Fifty and No/100 ($2,250.00) Dollars, which sum shall represent a retainer for the performance by the Council of services under Part 2 hereof.

The Committee further agrees to pay to the Council the sum of Two Hundred and Fifty and No/100 ($250.00) Dollars, upon full performance by the Council to the satisfaction of the Committee of all services described in Part 2 hereof, on or about the date set forth in Part 3 upon invoice submitted therefor.

2. The Council agrees that:

a. Based upon use of available pertinent knowledge and information relative to the needs of the mentally retarded in Maine it will communicate the existence and nature of such needs to persons, groups, associations and corporations, planning health facilities within the State, and will provide consultant services to such persons, groups, associations and and corporations with respect to the integration of services and facilities for the mentally retarded into health facilities planning. It shall furnish to the Committee quarterly written reports indicating instances, and nature, of communications of the needs of the mentally retarded and provision of consultant services as above set forth.

b. It will study facilities for the mentally retarded in accordance with existing and planned health facilities throughout the State, incorporating pertinent results of such study in the updating of Maine's Retardation Facilities Construction Plan as required by the U. S. Public Health Service, which updated plan shall be completed prior to June 30, 1966, permitting sufficient time to the Committee for review and submission of the plan to the U. S. Public Health Service by the latter date.

3. It is further stipulated by the parties hereto that this agreement shall terminate on the first day of April, 1967.

In witness whereof, the Health Facilities Planning Council, Inc., has caused its corporate name to be hereunto subscribed by its president, and its corporate seal to be by him, hereunto affixed, and Robina M. Hedges, Executive Secretary, Maine Committee on Problems of the Mentally Retarded of the State of Maine, being duly authorized to act herein, has affixed her signature and seal hereto, all in the City of Augusta, Maine, on the day and year first above written.

RESPONSIBILITIES OF THE MAINE COMMITTEE ON PROBLEMS OF THE MENTALLY RETARDED

1. The Committee prepares the Mental Retardation Facilities Construction Plan. It also reviews and recommends, after proper study, pertinent construction projects in accordance with priorities contained in the State Construction Plan.

Inter-Agency Relationships

1. Advisory Councils on Mental Retardation Facilities and Community Mental Health Centers are included with the Health Facilities Advisory Council. These councils serve in their respective capacities when pertinent programing and construction matters are being considered.

2. The Health Facilities Planning Council is under contract to the Maine Committee to make revisions in the Construction Plan and to help mental retardation planning integrate with health facilities planning for most effective coordination.

Relation to Other Planning

1. Comprehensive Mental Health Planning, the Hill-Burton Program, Comprehensive Mental Retardation Planning.

    a. A close relationship exists between the Hill-Burton Program, the comprehensive Mental Retardation Plan and the comprehensive Mental Health Plan. This relationship has proved advantageous to all three programs by eliminating duplication of effort and helping formulate plans common and consistent to each of the programs.

    b. Mental Retardation planning areas were delineated from derivations of the Hill-Burton Hospital service areas and regions after consultation with Hill-Burton officials.

    c. These three planning bodies have appropriate representatives interested in Health Facilities, Mental Retardation Facilities and Community Mental Health Centers serving as Advisory Councils.

2. Health Facilities Planning Council
   Maine Hospital Association
   Bingham Associates Fund and Others

    a. A committee organized during the Mental Retardation planning stages included the Executive Director of the Health Facilities Planning Council, the Executive Director of the Maine Hospital Association, the Field Director of the Bingham Associates Fund, the Executive Secretary of the Committee on Problems of the Mentally Retarded, the Mental Retardation Planner, the Mental Health Planner, and the Health Facilities Program Director (Hill-Burton). This group's initial meeting consisted of a review of the planning involved in each of the programs represented; it was evident that close association with related Programs would benefit all.

b. Regional health facilities and services planning groups, fostered by the Health Facilities Planning Council, include and encourage participation by those having an interest in the problems of the mentally retarded.

GOALS FOR CONSTRUCTION OF FACILITIES FOR THE MENTALLY RETARDED

Mentally retarded persons need help throughout their lifetime. Because of the specialized needs for the different degrees of retardation at varying stages in the life of the retarded, an array of facilities and services must be available to meet the needs.

The goal for services is to provide opportunity for a retarded person to attain his fullest potential. This makes it possible in many cases for him to become at least partially self-supporting--a community asset rather than a liability.

Facilities housing the needed array of services should be located so that they are readily accessible to all but the most remote areas. Construction money should first be used to strengthen community services. Particularly the development by local Associations for Retarded Children of more free community day schools for trainable children. These schools are presently organized and administered by parent groups with financial support from local school departments and from Community Mental Health Services. They are now housed in church rooms, unused school buildings, or private homes. Construction of facilities to house these services is high on the immediate priority list. The ultimate goal would be the establishment of classes available no farther away than twenty miles from the child's home.

For the retardate who cannot be cared for at home, the most critical need is for provision of residential care. This need should be met by the construction of regional residential centers owned and operated by the State. The appropriate type of services to be offered in a residential facility should be determined after study within the region by those who are familiar with its needs. Among the types of care which should be developed are chronic care for retarded patients in need of long-term institutionalization; residential care in connection with training, sheltered employment or occupational services for the moderately retarded whose homes are not located near such services; and accommodations for the mildly retarded whose social problems cannot be solved in the local community.

Regional centers will be expected to provide an information and referral service for retardates in the area in which they are located. Their services should be outreaching to encompass the region, and provide supportive services for retardates who must be cared for in their homes. Foremost among these supportive services should be an expanded home-visiting nurse program. The regional centers should also stimulate and strengthen appropriate community services and agencies to foster public acceptance of the mental retardate and his problem. All planning for mental retardation facilities and services should proceed in concert with other community and regional health planning.

Since the planning and construction of regional residential centers must necessarily take place on a long-range basis, the supportive services should be developed first wherever possible pending the actual construction of facilities. Those services which should be immediately developed or expanded include the community classes and visiting nurse programs already mentioned; the Mobile Psychiatric Clinic now serving the Department of Health and Welfare; and hospital-based and physician-directed diagnostic and evaluation clinics to be conducted at existing institutions. Construction of regional residential centers will then be the ultimate step in attaining the goal of a statewide network of facilities and services available to the retardate and his family,composed of both community and state agencies working together to provide complete, comprehensive, continuous, and coordinated care.

DEVELOPMENT OF THE STATE PLAN FOR MENTAL RETARDATION FACILITIES

Services for the mentally retarded are offered by a variety of State departments and private agencies. It is the philosophy, as it is nationally, that this is fitting and proper and that facilities for the mentally retarded alone should be constructed only when no other source of service is present.

The Mental Retardation Facilities Construction Act of 1963 has taken this into consideration in its Regulations. Since retarded persons may need

(1) diagnostic services to determine the degree of their handicap,
(2) treatment services to ameliorate, where possible, this handicap,
(3) education services where the retardation is mild and the person considered educable, and vocational training for those who can have a place in the labor force,
(4) training services when the retardation is moderate and the retardate not capable of academic achievement,
(5) custodial services when necessitated by complete dependence,
(6) sheltered workshops for older retardates unable to meet the competition of industry,

all these are appropriately included in the facilities for which construction may be approved.

There is need for construction of structures to house both existing and programed services throughout the State for the ultimate development of residential, 24-hour care of many categories of retardates. It will be many years before this need can be met, but with the stimulation of available Federal construction grants, it may be possible to proceed at a faster pace.

It is important that the Construction Plan provide a sound and thoughtful base from which properly located facilities for the mentally retarded are included in or near existing health facilities, such as hospitals and medical centers, or as satellites of community mental health centers as these are gradually developed within the State, using the centers in a "parent" role.

This Plan is the result of many hours of study by many Maine citizens. It was begun several years ago by the Maine Committee on Problems of the Mentally Retarded, long before Federal participation was anticipated. Existing services, apparent gaps in service and possible solutions to problems of retardation were topics for study. There have been biennial reports to the Governor and members of the Legislature since 1957.

When action by the Congress in 1963 appropriated funds to plan for both establishment of services and construction of buildings, the accumulation of data already available gave Maine a firm base from which to start.

DELINEATION OF PLANNING REGIONS

Facilities and services for the mentally retarded in the state are programed on the basis of five planning regions, each centered on an area containing the 75,000 population deemed necessary by the United States Public Health Service to support services. As far as possible, the regions conform with the planning areas and patterns of geographic coverage already determined by other planning groups engaged in health, education, and welfare activities, most notably the Maine Bureau of Mental Health, the Maine Health Facilities Program (Hill-Burton - Appendix), and the Health Facilities Planning Council. The major factors which contributed to the delineation of the planning regions were as follows:

1. Distance from population centers and from existing and proposed mental retardation services and facilities, as measured by travel time rather than by absolute mileage.

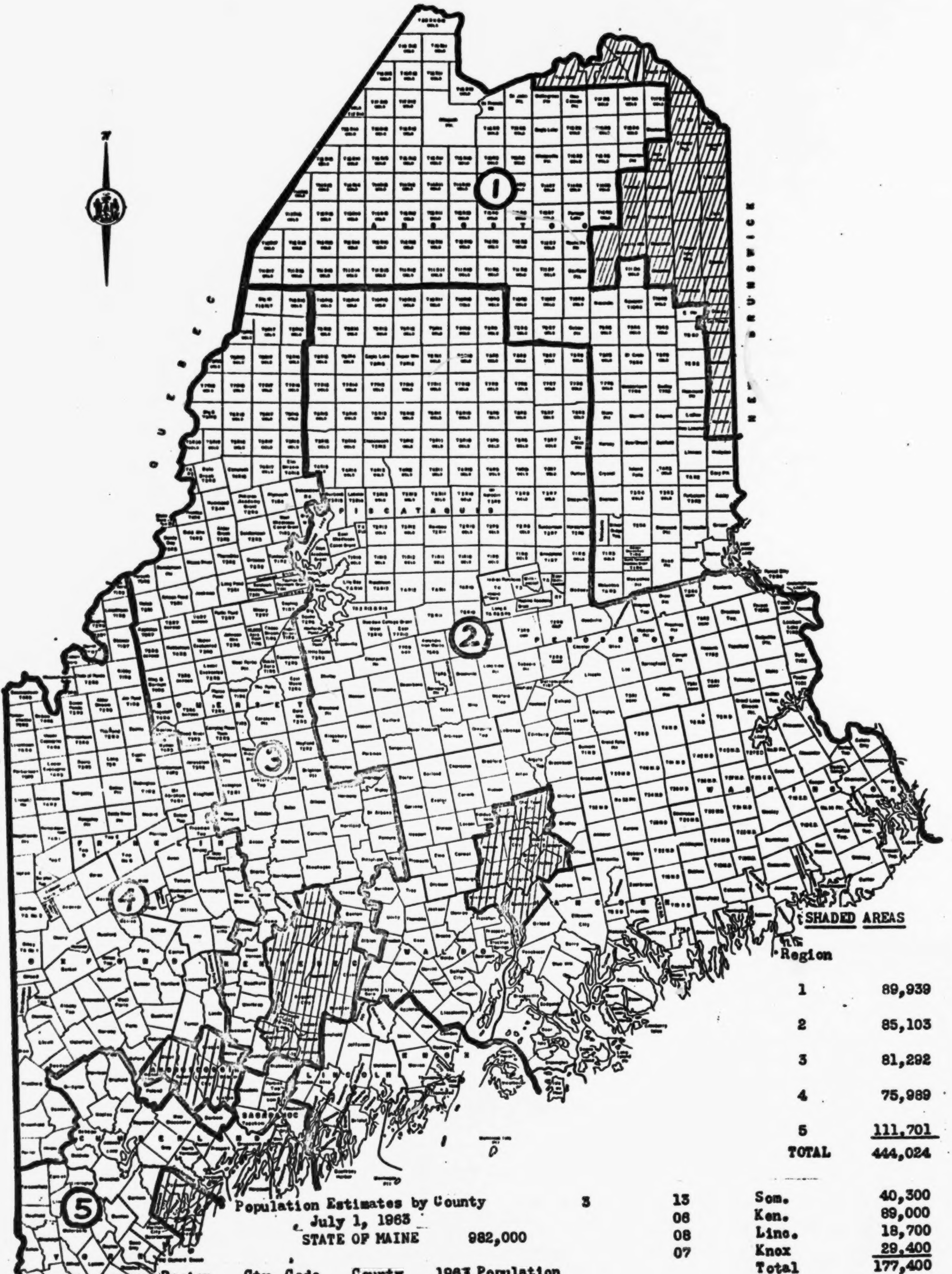
2. The pattern of distribution of existing and proposed general and mental hospitals.

3. Demographic characteristics--size, density, and distribution of population.

4. Actual and potential availability of professional and ancillary personnel.

5. County lines--existing boundaries were followed because most data relevant to mental retardation planning are already compiled, on both state and federal levels, by county lines.

6. Avoidance of the establishment of overlapping service areas and facilities--in view of the general non-existence of services in the state, this danger is quite remote.


QUEBEC
NEW BRUNSWICK
1
2
3
4
5
AROOSTOOK
PISCATAQUIS
PENOBSCOT
SOMERSET
WALDO
LINCOLN
SAGADAHOC

SHADED AREAS

Region	
1	89,939
2	85,103
3	81,292
4	75,989
5	111,701
TOTAL	444,024

Population Estimates by County
July 1, 1963
STATE OF MAINE 982,000

Region	Cty. Code	County	1963 Population
1	02	Aroos.	104,300
2	11	Pis.	17,600
	10	Pen.	127,400
	15	Wash.	32,100
	05	Han.	32,800
	14	Waldo	22,800
		Total	232,700
3	13	Som.	40,300
	06	Ken.	89,000
	08	Linc.	18,700
	07	Knox	29,400
		Total	177,400
4	04	Frank.	20,300
	09	Oxford	44,000
	01	Andros.	89,800
		Total	154,100
5	03	Cumber.	187,700
	12	Sagad.	22,700
	16	York	103,100
		Total	313,500

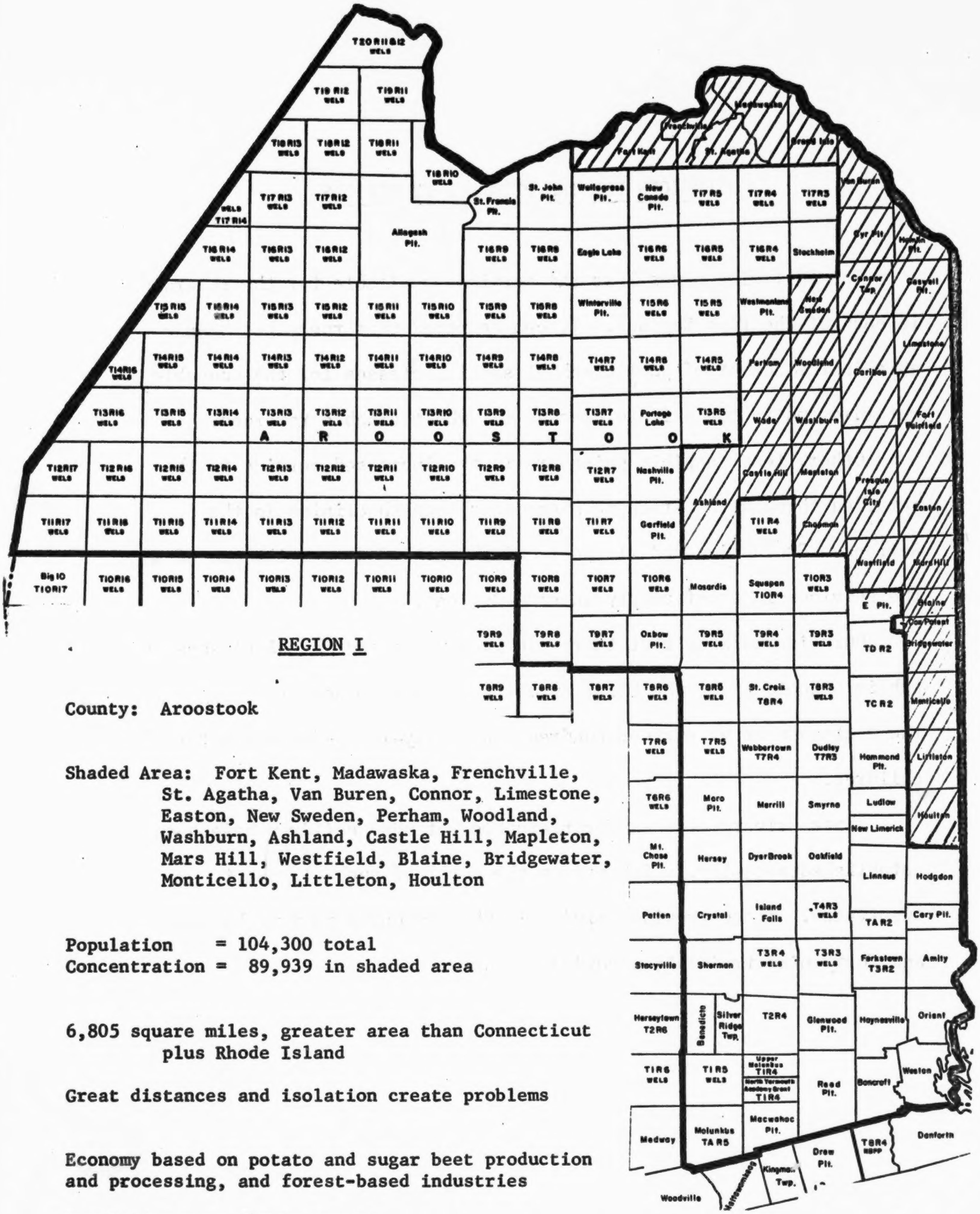
SERVICES FOR THE RETARDED BY REGIONS

The following pages list the services available for the retarded in each of the five Regions. It can be noted that there has been a gain in the number of public school special classes for the educable retarded and in the private classes for the trainable retarded.

Other, less tangible gains are in the increased service to the retarded through the strengthening mental health clinics in the Regions. Evaluation and diagnosis of the retarded is still one of the services in short supply in some Regions.

Our figures show that there are twenty-one additional classes in public schools since the First Annual Construction Report. Cr in all, these classes serve sixteen hundred and thirty-five educable retarded children.

Three private classes for trainable retarded children have been established recently, which brings the total of such classes to twenty-two. These provide service in the community to four hundred and forty-nine trainable retarded children.


T20 R11 & 12 WELS
T19 R12 WELS
T19 R11 WELS
T18 R13 WELS
T18 R12 WELS
T18 R11 WELS
T18 R10 WELS
WELS T17 R14
T17 R13 WELS
T17 R12 WELS
Allagash Plt.
St. Francis Plt.
St. John Plt.
Wallagrass Plt.
New Canada Plt.
T17 R5 WELS
T17 R4 WELS
T17 R3 WELS
Fort Kent
Frenchville
Madawaska
St. Agatha
Grand Isle
Van Buren
Cyr Plt.
Hamlin Plt.
T16 R14 WELS
T16 R13 WELS
T16 R12 WELS
T16 R9 WELS
T16 R8 WELS
Eagle Lake
T16 R6 WELS
T16 R5 WELS
T16 R4 WELS
Stockholm
T15 R15 WELS
T15 R14 WELS
T15 R13 WELS
T15 R12 WELS
T15 R11 WELS
T15 R10 WELS
T15 R9 WELS
T15 R8 WELS
Winterville Plt.
T15 R6 WELS
T15 R5 WELS
Westmanland Plt.
New Sweden
Connor Twp.
Caswell Plt.
T14 R16 WELS
T14 R15 WELS
T14 R14 WELS
T14 R13 WELS
T14 R12 WELS
T14 R11 WELS
T14 R10 WELS
T14 R9 WELS
T14 R8 WELS
T14 R7 WELS
T14 R6 WELS
T14 R5 WELS
Perham
Woodland
Caribou
Limestone
T13 R16 WELS
T13 R15 WELS
T13 R14 WELS
T13 R13 WELS
T13 R12 WELS
T13 R11 WELS
T13 R10 WELS
T13 R9 WELS
T13 R8 WELS
T13 R7 WELS
Portage Lake
T13 R5 WELS
Wade
Washburn
Fort Fairfield
A R O O S T O O K
T12 R17 WELS
T12 R16 WELS
T12 R15 WELS
T12 R14 WELS
T12 R13 WELS
T12 R12 WELS
T12 R11 WELS
T12 R10 WELS
T12 R9 WELS
T12 R8 WELS
T12 R7 WELS
Nashville Plt.
Castle Hill
Mapleton
Presque Isle City
T11 R17 WELS
T11 R16 WELS
T11 R15 WELS
T11 R14 WELS
T11 R13 WELS
T11 R12 WELS
T11 R11 WELS
T11 R10 WELS
T11 R9 WELS
T11 R8 WELS
T11 R7 WELS
Garfield Plt.
Ashland
T11 R4 WELS
Chapman
Easton
Big 10 T10 R17
T10 R16 WELS
T10 R15 WELS
T10 R14 WELS
T10 R13 WELS
T10 R12 WELS
T10 R11 WELS
T10 R10 WELS
T10 R9 WELS
T10 R8 WELS
T10 R7 WELS
T10 R6 WELS
Masardis
Squapan T10 R4
T10 R3 WELS
Westfield
Mars Hill
E Plt.
Blaine
Cox Patent
T9 R9 WELS
T9 R8 WELS
T9 R7 WELS
Oxbow Plt.
T9 R5 WELS
T9 R4 WELS
T9 R3 WELS
TD R2
Bridgewater
T8 R9 WELS
T8 R8 WELS
T8 R7 WELS
T8 R6 WELS
T8 R5 WELS
St. Croix T8 R4
T8 R3 WELS
TC R2
Monticello
T7 R6 WELS
T7 R5 WELS
Webbertown T7 R4
Dudley T7 R3
Hammond Plt.
Littleton
T6 R6 WELS
Moro Plt.
Merrill
Smyrna
Ludlow
New Limerick
Houlton
Mt. Chase Plt.
Hersey
Dyer Brook
Oakfield
Linneus
Hodgdon
Patten
Crystal
Island Falls
T4 R3 WELS
TA R2
Cary Plt.
Stacyville
Sherman
T3 R4 WELS
T3 R3 WELS
Forkstown T3 R2
Amity
Herseytown T2 R6
Benedicta
Silver Ridge Twp.
T2 R4
Glenwood Plt.
Haynesville
Orient
T1 R6 WELS
T1 R5 WELS
Upper Molunkus T1 R4
North Yarmouth Academy Grant T1 R4
Reed Plt.
Bancroft
Weston
Medway
Molunkus TA R5
Macwahoc Plt.
Drew Plt.
T8 R4 NBPP
Danforth
Woodville
Mattawamkeag
Kingman Twp.

REGION I

County: Aroostook

Shaded Area: Fort Kent, Madawaska, Frenchville,
St. Agatha, Van Buren, Connor, Limestone,
Easton, New Sweden, Perham, Woodland,
Washburn, Ashland, Castle Hill, Mapleton,
Mars Hill, Westfield, Blaine, Bridgewater,
Monticello, Littleton, Houlton

Population = 104,300 total
Concentration = 89,939 in shaded area

6,805 square miles, greater area than Connecticut plus Rhode Island

Great distances and isolation create problems

Economy based on potato and sugar beet production and processing, and forest-based industries

Population very thinly spread

REGION I

SERVICES FOR THE RETARDED

PARENT ASSOCIATIONS:

Central Aroostook Association for Retarded Children, Presque Isle
St. John Valley Association for Retarded Children, Madawaska

COMMUNITY CLASSES FOR TRAINABLE RETARDED CHILDREN, SPONSORED BY PARENT ASSOCIATIONS:

Hope Class, Van Buren,
Jack and Jill Class, Madawaska
Opportunity Training Center, Presque Isle
Task School, Fort Kent

PUBLIC SCHOOL ELEMENTARY SPECIAL CLASSES

Caribou	2
Connor	1
Houlton	1
Presque Isle	2
Sinclair	1

CLINICS OFFERING SERVICES TO THE MENTALLY RETARDED:

Mental Health Clinic in the Community Hospital at Fort Fairfield

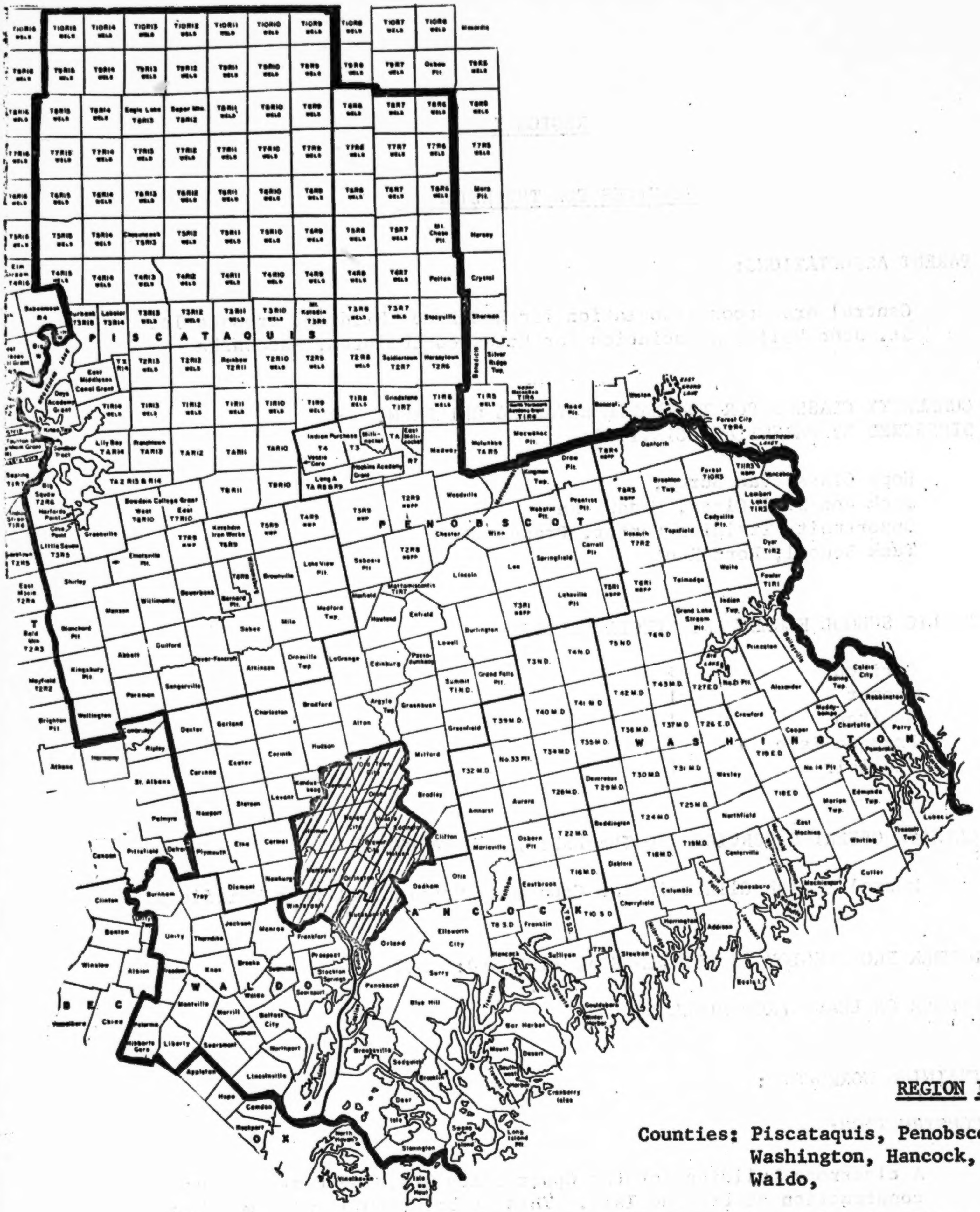
NUMBER FROM REGION IN RESIDENCE AT PINELAND: 115

NUMBER ON LEAVE FROM PINELAND: 21

TRAINING WORKSHOPS: None

CONSTRUCTION:

A classroom building for the Opportunity Training Center is under construction at Presque Isle. This is being built with matching State and Federal funds, provided through Title I, Part C, Public Law 88-164.


PISCATAQUIS
PENOBSCOT
WASHINGTON
HANCOCK
WALDO

REGION II

Counties: Piscataquis, Penobscot,
Washington, Hancock,
Waldo,

Shaded Area: Old Town, Orono, Veasie, Eddington,
Holden, Brewer, Bangor, Hermon,
Hampden, Orrington, Glenburn,
Winterport, Bucksport

Population = 232,700 total
Concentration = 85,103 in shaded area

12,185 square miles = over 1/3 of Maine
Distances and widely scattered population create problems

REGION II

SERVICES FOR THE RETARDED

PARENT ASSOCIATIONS:

Dale Evans Chapter, Friends of Retarded Children, Dover-Foxcroft
Eastern Maine Friends of Retarded Children, Bangor
Greater Lincoln Association for Retarded Children, Lincoln
Katahdin Association for Exceptional Children, East Millinocket
Penquis Association for Retarded Children, Milo
Washington County Association for Retarded Children, Machias

COMMUNITY CLASSES FOR TRAINABLE RETARDED CHILDREN, SPONSORED BY PARENT ASSOCIATIONS:

Children's Opportunity Center, Brewer
Dale Evans Room, Dover-Foxcroft
Katahdin Class at East Millinocket
Lincoln School for Trainables, Lincoln
Summer Training Class, Machias

PUBLIC SCHOOL ELEMENTARY SPECIAL CLASSES:

Bangor	4	Ellsworth	1
Bar Harbor	1	Lubec	1
Belfast	1	Milford	1
Brewer	2	Millinocket	4
Carmel	2	Orono	1
Dexter	1	Searsport	1
		Unity	1

CLINICS OFFERING SERVICES TO THE MENTALLY RETARDED

Eastern Maine Guidance Center, Bangor
Child Guidance Center, Mount Desert

NUMBER FROM REGION IN RESIDENCE AT PINELAND: 257

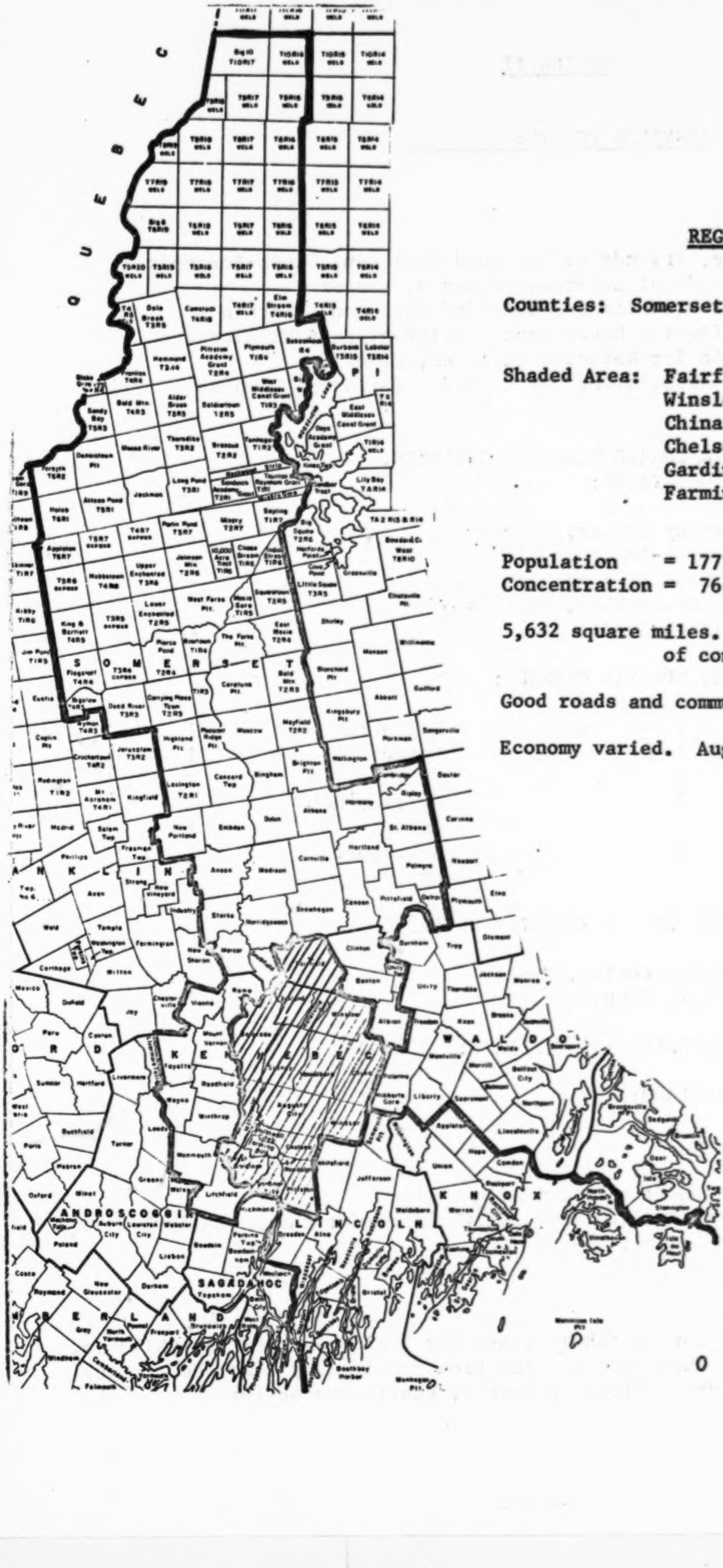
NUMBER ON LEAVE FROM PINELAND: 42

TRAINING WORKSHOPS:

Opportunity Center Sheltered Workshop, Brewer
Manpower Development and Training Act Workshop for the Mentally Retarded, Harlow Street School, Bangor

CONSTRUCTION:

Classroom building for Katahdin Class for Trainable Retarded Children, East Millinocket. Funds for construction provided by Penobscot County and Federal funds under Title I, Part C, Public Law 88-164.


QUEBEC
SOMERSET
KENNEBEC
WALDO
KNOX
LINCOLN
ANDROSCOGGIN
SAGADAHOC

REGION III

Counties: Somerset, Kennebec, Lincoln, Knox

Shaded Area: Fairfield, Oakland, Waterville,
Winslow, Sidney, Vassalboro,
China, Augusta, Windsor,
Chelsea, Randolph, Pittston,
Gardiner, West Gardiner,
Farmingdale, Hallowell

Population = 177,400 total
Concentration = 76,000 in shaded area

5,632 square miles. Relatively small area of concentration

Good roads and communication

Economy varied. Augusta is the State Capital.

REGION III

SERVICES FOR THE RETARDED

PARENT ASSOCIATIONS:

Boothbay Association for Retarded Children, Boothbay
Camden Association for Handicapped Children, Camden
Greater Waterville Association for Retarded Children, Waterville
Kennebec Valley Association for Retarded Children, Hallowell
Sebasticook Association for Retarded Children, Pittsfield
Skowhegan Area Association for Retarded Children, Skowhegan

COMMUNITY CLASSES FOR TRAINABLE RETARDED CHILDREN, SPONSORED BY PARENT ASSOCIATIONS:

Hilltop School, Waterville
Kennebec Valley Training Center, Hallowell
Marie Bradford School, Pittsfield
Mary Holland School, Skowhegan
Seaside School of Hope, Boothbay Harbor

PUBLIC SCHOOL ELEMENTARY SPECIAL CLASSES:

Augusta	4	Pittsfield	1
Bristol	1	Rockland	1
Camden	1	Skowhegan	2
East Boothbay	1	Thomaston	1
Fairfield	2	Waldoboro	2
Gardiner	1	Waterville	4
Hallowell	1	Winslow	1
Madison	1	Winthrop	1
North Anson	1		

CLINICS OFFERING SERVICES TO THE MENTALLY RETARDED:

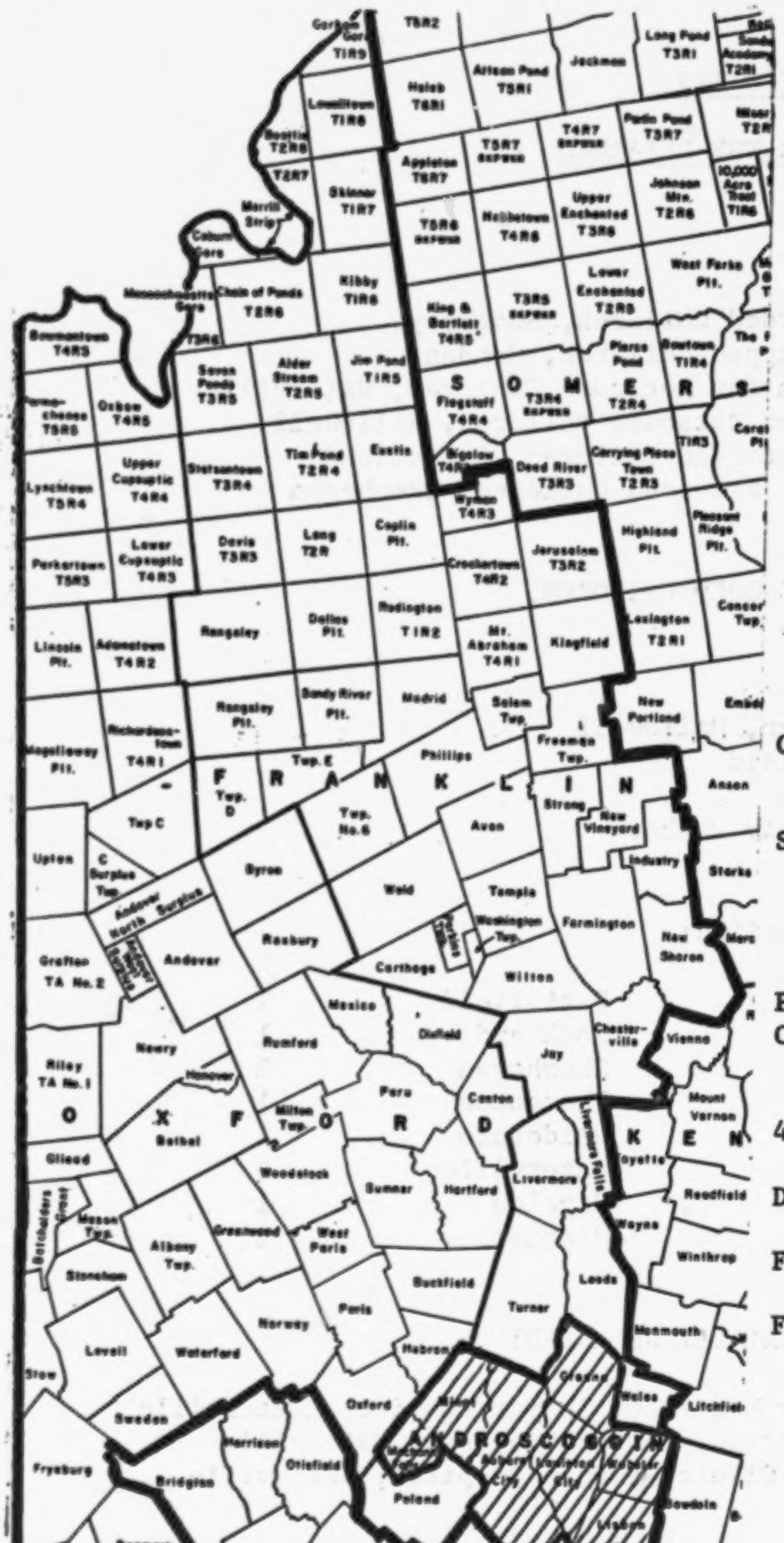
Clinic for Pre-School Mentally Retarded, Thayer Hospital, Waterville
Clinic for Children with Handicaps, Thayer Hospital, Waterville
Kennebec Valley Mental Health Clinic, Thayer Hospital, Waterville

NUMBER FROM REGION IN RESIDENCE AT PINELAND: 269

NUMBER ON LEAVE FROM PINELAND: 54

CONSTRUCTION:

Additon to the Hilltop School at Waterville. This is being built with matching local and Federal funds provided through Title I, Part C, Public Law 88-164


S O M E R S
F R A N K L I N
O X F O R D
K E N
A N D R O S C O G G I N
C U M B E R L A N D
SAGA
Jackman
Rangeley
Phillips
Kingfield
New Portland
Farmington
Wilton
Jay
Rumford
Bethel
Andover
Canton
Livermore
Livermore Falls
Turner
Poland
Greene
Wales
Lisbon
Durham
Auburn City
Lewiston City
Mechanic Falls
Minot
Norway
Paris
Oxford
Bridgton
Fryeburg
New Gloucester
Gray
Freeport
Topsham
Windham

REGION IV

Counties: Franklin, Oxford, Androscoggin

Shaded Area: Auburn, Greene, Lewiston,
Lisbon, Mechanic Falls,
Minot, Webster

Population = 154,100 total
Concentration = 76,000 in shaded area

4,280 sq. miles, 13% of Maine

Distances create problems

Fair roads in the Region

Forest-based economy and textile and paper mills, shoe factories

REGION IV

SERVICES FOR THE RETARDED

PARENT ASSOCIATIONS:

Franklin County Association for Retarded Children, Farmington
Lewiston-Auburn Association for Retarded Children, Lewiston
Oxford County Association for Retarded Children, Rumford
Southern Oxford County Association for Retarded Children, Waterford

COMMUNITY CLASSES FOR TRAINABLE RETARDED CHILDREN, SPONSORED BY PARENT ASSOCIATIONS:

Franklin County Class, Farmington
Hope School, Mexico
Lewiston-Auburn School for Retarded Children, Lewiston

PUBLIC SCHOOL ELEMENTARY SPECIAL CLASSES:

Auburn	4
Bethel	1
Farmington	1
Lewiston	5
Livermore Falls	1
Norway-South Paris	1

CLINICS OFFERING SERVICE TO THE MENTALLY RETARDED:

Franklin County Family Services, Farmington
Lewiston-Auburn Family Services, Lewiston
Clinics for Pre-School Mentally Retarded at Central Maine General Hospital, Lewiston and St. Mary's Hospital, Lewiston

NUMBER FROM REGION IN RESIDENCE AT PINELAND: 188

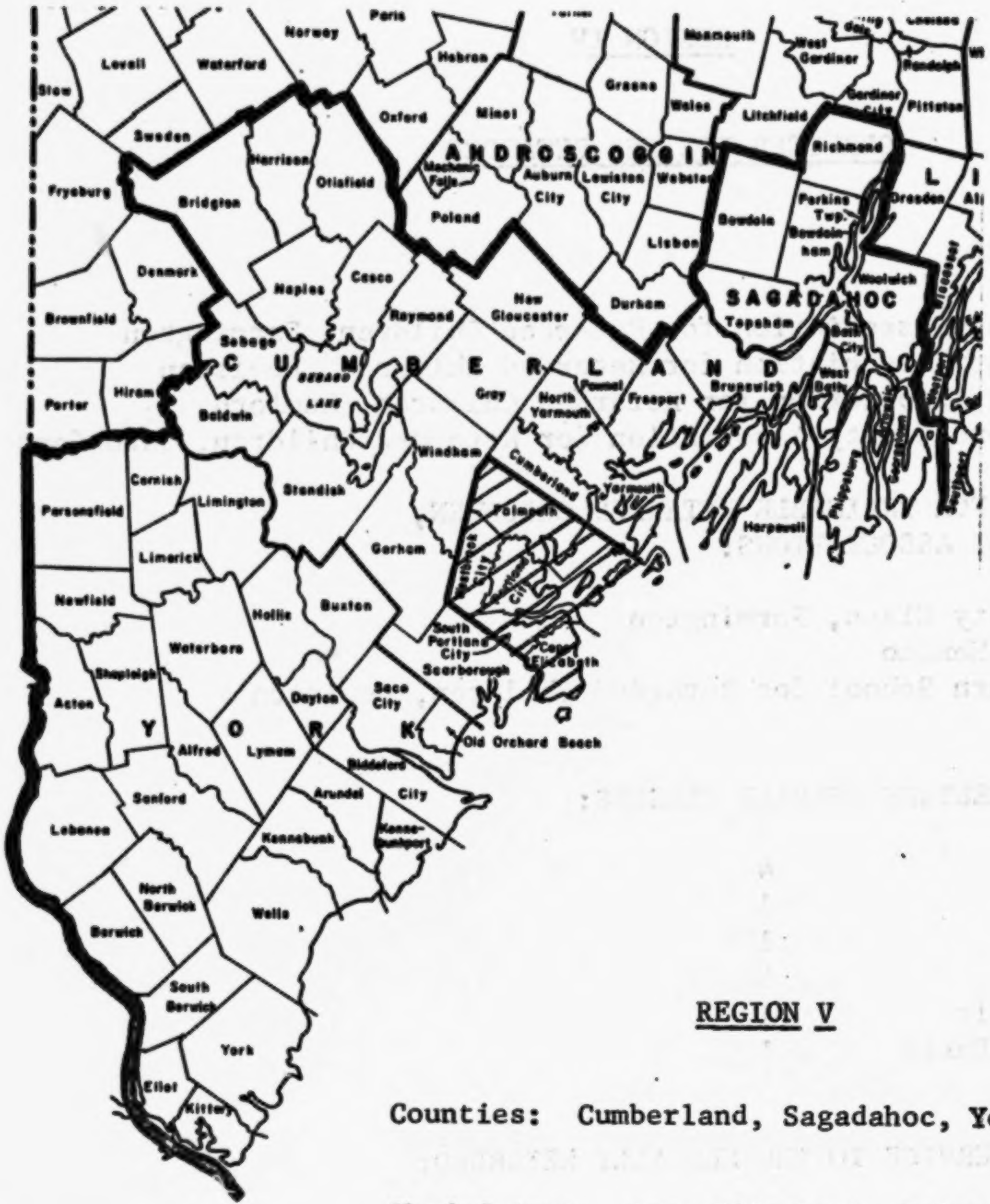
NUMBER ON LEAVE FROM PINELAND: 46

TRAINING WORKSHOPS:

Occupational Training Center, Auburn
(Will offer residential facility for workers soon)

TEACHER TRAINING:

Farmington State College, Farmington


ANDROSCOGGIN
SAGADAHOC
CUMBERLAND
YORK
Lovell
Waterford
Norway
Paris
Hebron
Monmouth
West Gardiner
Gardiner City
Pittston
Randolph
Stow
Sweden
Oxford
Minot
Greene
Wales
Litchfield
Richmond
Fryeburg
Bridgton
Harrison
Otisfield
Mechanic Falls
Auburn City
Lewiston City
Webster
Dresden
Poland
Lisbon
Bowdoin
Perkins Twp.
Bowdoinham
Denmark
Naples
Casco
Raymond
New Gloucester
Durham
Topsham
Woolwich
Brownfield
Sebago
Sebago Lake
Gray
Pownal
North Yarmouth
Freeport
Brunswick
Bath City
West Bath
Porter
Hiram
Baldwin
Cumberland
Yarmouth
Harpswell
Phippsburg
Georgetown
Cornish
Limington
Standish
Windham
Falmouth
Westbrook City
Portland City
Parsonsfield
Gorham
Limerick
Newfield
Hollis
Buxton
South Portland City
Cape Elizabeth
Scarborough
Waterboro
Shapleigh
Acton
Dayton
Saco City
Alfred
Lyman
Old Orchard Beach
Biddeford City
Sanford
Arundel
Lebanon
Kennebunk
Kennebunkport
North Berwick
Wells
Berwick
South Berwick
York
Eliot
Kittery

REGION V

Counties: Cumberland, Sagadahoc, York

Shaded Area: Cape Elizabeth, Falmouth, Portland,
South Portland, Westbrook

Population = 313,500 total
Concentration = 111,700 in shaded area

21,138 square miles, 7% of Maine

Short distances mean availability of services

Good roads

Diversified industry with highest per capita wealth in Maine

REGION V

SERVICES FOR THE RETARDED

PARENT ASSOCIATIONS:

Bath-Brunswick Association for Retarded Children, Bath
Greater Portland Association for Retarded Children, Portland
Sanford-Springvale Association for Retarded Children, Sanford
Pineland Parents and Friends Associates, Pownal
Waban Association for Retarded Children, Wells
Saco Valley Association for Retarded Children, Saco

COMMUNITY CLASSES FOR TRAINABLE RETARDED CHILDREN, SPONSORED BY PARENT ASSOCIATIONS:

Elmhurst Center, Bath
Pride School, South Portland
Sanford-Springvale Class, Sanford
Woodfords School for Retarded Children, Portland
Youth Development Center, Brunswick

SUMMER DAY CAMP:

Camp Waban, South Berwick

PUBLIC SCHOOL ELEMENTARY SPECIAL CLASSES:

Bath	3	Kittery	2
Biddeford	1	Portland	12
Bridgton	1	Saco	1
Brunswick	2	Sanford	2
Buxton	1	South Portland	5
Freeport	1	Topsham	1
Gorham	1	Wells	1
Gray	1	Westbrook	3
Hollis	1	Windham	1
		York	1

CLINICS OFFERING SERVICES TO THE MENTALLY RETARDED:

Bath-Brunswick Mental Health Center
York County Community Child and Family Guidance, Saco

NUMBER FROM REGION IN RESIDENCE AT PINELAND: 352

NUMBER ON LEAVE FROM PINELAND: 61

TRAINING WORKSHOPS:

Work Adjustment Center, Portland
Elmhurst Workshop, Bath-Brunswick Area

STATE RESIDENTIAL FACILITY:

Pineland Hospital and Training Center, Pownal

INVENTORY OF EXISTING MENTAL RETARDATION FACILITIES

On the following pages will be found inventory of existing facilities for the mentally retarded in Maine.

The only State residential facility, Pineland Hospital and Training Center, is located in Region 5, but serves the State with diagnostic and evaluation services, educational training and custodial care.

A certain number of retarded persons are patients at the two State hospitals, one at Bangor and one at Augusta. They are not treated as a unit, but are included in the wards most appropriate to their needs.

At Augusta, there are thirty-six female and fifty-four male patients - a total of ninety - classified as mentally retarded. In the Bangor facility, there are fifty-nine male and fifty-one female - a total of one hundred and ten.

Plant evaluation of these hospitals was made in 1965, and records are available at the State agency.

Other services in the State which are listed next by Regions consist, in the main, of day facilities sponsored by local Associations for Retarded Children, with financial assistance from local school departments and grant-in-aid from State Community Mental Health funds. These serve children who are not accepted in public schools.

Construction of three mental retardation facilities is underway in the State, with grants through Title I, Part C, of Public Law 88-164. They are located in Regions 1, 2, and 4, the Regions holding highest priority in the First Annual Maine Mental Retardation Facilities Construction Plan. These projects are all providing day school services for trainable retarded children.

Construction funds for fiscal years 1965-1966 have been used in Maine for the following projects:

The Children's Opportunity Center at Presque Isle, through its sponsoring organization, the Central Aroostook Association for Retarded Children, has been granted $122,962 to build a day school for the trainable mentally retarded. This is 58% of the total cost of construction, which is expected to be about $212,000. The matching funds were provided through a State allocation of $73,350, plus local support.

The Katahdin Association for Exceptional Children received a grant of $31,761, which was matched by $23,000 funds provided by Penobscot County. This will be used to provide a building to house the Katahdin Class for Trainable Retarded Children at East Millinocket.

The Greater Waterville Association for Retarded Children at Waterville is planning an addition to the Hilltop School for Retarded Children there. The $31,900 Federal funds allocated for this project are matched by funds in the amount of $23,000 which were raised locally.

INSTRUCTIONS for completing revised Form PHS-4774-1, Inventory - General Data,
Mental Retardation Facilities Construction Program

Table Column Number

1. Enter name or number of service area.

2. Enter the city or town, county, and name of facility, listing all facilities in each city or town consecutively in alphabetical order.

3. Check all applicable facilities: A - diagnostic/evaluation clinic; B - day facility; C - residential facility. Definitions of these facilities are provided in the Regulations (Section 54.104). A diagnostic clinic, day facility, and residential facility in any possible combination may be located: (a) within the same building, (b) on the same contiguous campus. In such instances check under each type of facility.

4-5. Enter type of ownership of property and sponsorship of programs within facility, using the following codes:

NONPROFIT	PUBLIC	PROPRIETARY
01 Community nonprofit association	11 City	21 Individual
02 Church	12 County	22 Partnership
03 Fraternal order	13 State	23 Corporation
04 Other nonprofit	14 Other public	24 Other proprietary

6. Enter interest program sponsor has in property, using the following codes:

A - own; B - rent or lease; C - free use.

7. Enter number of buildings in facility by design classification in the following coded columns:

A - originally designed as a facility for the mentally retarded.
B - remodeled into a facility for the mentally retarded.
C - not designed or remodeled as a facility for the mentally retarded.

8. For the originally designed buildings (Item 7A), enter in column 8a, the number Suitable; and in column 8b, the number Unsuitable on the basis of established criteria for structural adequacy.

9. Enter total number of different mentally retarded individuals served by the facility during the last 12 months for which data are available.

10. a,b,c,d. Enter the number of different mentally retarded individuals served by the facility during the last 12 months for which data are available by level of retardation. Columns 10a-d must equal column 9.

11. a,b,c. Enter number of different mentally retarded individuals served by the facility during the last 12 months for which data are available for each specified age group. Columns 11a-c must equal column 9.

Summaries

HEW-Lex

3a-3c Enter totals for each planning area or region.
9-11c

~~PHS-4774~~
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R878

DATE	STATE

Page______of______pages

INVENTORY – GENERAL DATA

AREA	LOCATION		NAME OF FACILITY	TYPE OF FACILITY			OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS IN FACILITY CLASSIFIED BY M.R. DESIGN			NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY		TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED IN THE FACILITY							
															TOTAL	LEVEL OF RETARDATION				AGE GROUPING		
	CITY OR TOWN	COUNTY		DIAGNOSTIC AND EVALUATION CLINIC	DAY FACILITY	RESIDENTIAL FACILITY										MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT
				A	B	C				A	B	C	S	U								
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
1	Fort Kent	Aroostook	Task School		X		01	01	B			1		1	9		9				8	1
	Madawaska	"	Jack & Jill Training Center		X		01	01	B			1		1	6	1	3	2			5	1
	Presque Isle	"	Opportunity Training Center		X		01	01	A	1			1		60	4	56				57	3
	Van Buren	"	Hope School		X		01	01	B			1		1	13	1	12				12	1

PHS-4774-1
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R878

DATE
STATE
Page ______ of ______ pages

INVENTORY – GENERAL DATA

AREA	LOCATION		NAME OF FACILITY	TYPE OF FACILITY			OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS IN FACILITY CLASSIFIED BY M.R. DESIGN			NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY		TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED IN THE FACILITY							
	CITY OR TOWN	COUNTY		DIAGNOSTIC AND EVALUATION CLINIC	DAY FACILITY	RESIDENTIAL FACILITY									TOTAL	LEVEL OF RETARDATION				AGE GROUPING		
				A	B	C				A	B	C	S	U		MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
2	Brewer	Penobscot	Childrens Opportunity Center		X		01	01	A			1		1	60	1	57	2			48	12
	East Millinocket	"	Katahdin School		X		01	01	A	1			1		16		13	3			15	1
	Lincoln	"	Lincoln Class for Trainables		X		01	01	C			1		1	4	1	3				3	1
	Dover-Foxcroft	Piscat.	Dale Evans Class		X		01	01	A			1		1	14	2	7	5			10	4
	Milo	"	Milo Class		X		01	01	C			1		1	9	4	5				8	1
	Machias	Wash.	Wash. County Class		X		01	01	C			1		1	20		20				15	5

PHS-4774-1
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R878

DATE
STATE

Page_____of_____pages

INVENTORY – GENERAL DATA

AREA	LOCATION		NAME OF FACILITY	TYPE OF FACILITY			OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS IN FACILITY CLASSIFIED BY M.R. DESIGN			NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY		TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED IN THE FACILITY							
																LEVEL OF RETARDATION				AGE GROUPING		
	CITY OR TOWN	COUNTY		DIAGNOSTIC AND EVALUATION CLINIC	DAY FACILITY	RESIDENTIAL FACILITY									TOTAL	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT
				A	B	C				A	B	C	S	U								
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
3	Hallowell	Kennebec	Kennebec Valley Training Center		X		01	01	C			1		1	20	1	19				16	4
	Waterville	"	Hilltop School		X		01	01	A	1			1		50	14	25	11			50	
	Boothbay Harbor	Lincoln	Seaside School of Hope		X		01	01	C			1		1	4		4				4	
	Pittsfield	Somerset	Marie Bradford School		X		01	01	C			1		1	12		10	2			11	1
	Skowhegan	"	Mary Holland School		X		01	01	C			1		1	8		6	2			8	

PHS-4774-1
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R878

DATE

STATE

Page ____ of ____ pages

INVENTORY – GENERAL DATA

AREA	LOCATION		NAME OF FACILITY	TYPE OF FACILITY			OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS IN FACILITY CLASSIFIED BY M.R. DESIGN			NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY		TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED IN THE FACILITY							
	CITY OR TOWN	COUNTY		DIAGNOSTIC AND EVALUATION CLINIC	DAY FACILITY	RESIDENTIAL FACILITY									TOTAL	LEVEL OF RETARDATION				AGE GROUPING		
																MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT
				A	B	C				A	B	C	S	U								
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
4	Auburn	Andros.	Occupational Training Center		X				A		1			1	17	14	3				15	2
	Lewiston	"	Lewiston-Auburn School for Retarded Children		X			C				1		1	42	8	25	9			42	
	Farmington	Franklin	Franklin County Training Center		X			C				1		1	7		4	3			7	
	Mexico	Oxford	Hope Training School		X				A		1			1	38	8	19	11			37	1

41

4774
REV. 11-66

MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

Page _____ of _____ pages

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	TYPE OF FACILITY: DIAGNOSTIC AND EVALUATION CLINIC A	TYPE OF FACILITY: DAY FACILITY B	TYPE OF FACILITY: RESIDENTIAL FACILITY C	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS IN FACILITY CLASSIFIED BY M.R. DESIGN: A	B	C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	U	TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED IN THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
5	New Gloucester	Cumber.	Pineland Hospital & Training Center	X	X	X	13	13	A	12	2	6	16	4	1,068	29	86	432	521		446	622
	Portland	"	Pride Training School		X		01	01	B		3			3	88	54	28	6			88	
	"	"	Work Adjustment Ctr.		X		01	01	B		1			1	30	30					30	
	"	"	Woodfords Class		X		02	02	A			1		1	9		9				9	
	Brunswick	"	Youth Development Ctr.		X		01	01	C			1		1	14		14				13	1
	Sanford	"	Sanford-Springvale Class		X		01	01	C			1		1	12		9	3			12	
	Bath	Sagadahoc	Elmhurst Center		X		01	01	B		1			1	19	3	11	5			18	1

INSTRUCTIONS for completing revised Form PHS-4774-2, Inventory - Services Data

Mental Retardation Facilities Construction Program

Table Column Number

1. Enter name or number of service area.

2. Enter the city or town, county, and name of facility listing all facilities in each city or town consecutively in alphabetical order.

   General: In terms of the definitions applicable to the mental retardation construction program under Title I, Part C of P.L. 88-164 and (Section 54.104 of the Regulations) a mental retardation facility may include three types of facilities which may exist independently: i.e., diagnostic/evaluation clinic; day facility; residential facility; or in any combination of these types. It is important that information on each of these types be recorded separately if they exist: (a) within the same building, or (b) on the same contiguous campus.

3. Enter the total number of different mentally retarded individuals served by the diagnostic and evaluation clinic portion of the total facility during the last 12 months for which data are available.

4. In column 4a, enter the total number of different mentally retarded individuals in the day facility portion of the total facility during the last 12 months for which data are available.

   For columns 4b through 4f, enter the average daily case load for each of the specified services in the day facility portion of the total facility during the last 12 months for which data are available. The total of columns 4b through 4f may differ from column 4a.

5. In column 5a, enter the total number of different mentally retarded individuals in the residential facility portion of the total facility during the last 12 months for which data are available.

   For columns 5b through 5f, enter the average daily case load in the residential portion of the total facility during the last 12 months for which data are available. The total of columns 5b through 5f may differ from column 5a.

Summaries

HEW-Lex

3-5f. Enter totals for each planning area or region.

PHS-4774-2
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE
STATE

Page ______ of ______ pages

INVENTORY – SERVICES DATA

AREA	LOCATION		NAME OF FACILITY	DIAGNOSTIC & EVALUATION CLINIC	DAY FACILITY						RESIDENTIAL FACILITY					
	CITY OR TOWN	COUNTY		TOTAL NUMBER SERVED	TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES					TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES				
					TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
1	Fort Kent	Aroostook	Task School		9			9								
	Madawaska	"	Jack and Jill Training Center		6			6								
	Presque Isle	"	Opportunity Training Center		60			60								
	Van Buren	"	Hope School		13			13								

PHS-4774-2
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

Page ______ of ______ pages

INVENTORY – SERVICES DATA

	LOCATION			DIAGNOSTIC & EVALUATION CLINIC	DAY FACILITY						RESIDENTIAL FACILITY					
					TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES					TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES				
AREA	CITY OR TOWN	COUNTY	NAME OF FACILITY	TOTAL NUMBER SERVED	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
2	Brewer	Penobscot	Childrens Opportunity Center		60			40		20						
	East Millinocket	"	Kathadin		16			16								
	Lincoln	"	Lincoln Class for Trainables		4			4								
	Dover-Foxcroft	Piscataquis	Dale Evans		14			9		5						
	Milo	"	Penquis Class		9			9								
	Machias	Washington	Washington County Class		20			20								

PHS-4774-2
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE

Page ______ of ______ pages

INVENTORY – SERVICES DATA

AREA	LOCATION		NAME OF FACILITY	DIAGNOSTIC & EVALUATION CLINIC	DAY FACILITY						RESIDENTIAL FACILITY					
	CITY OR TOWN	COUNTY		TOTAL NUMBER SERVED	TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES					TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES				
					TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
3	Hallowell	Kennebec	Kennebec Valley Training Center		20			20								
	Waterville	"	Hilltop		50		13	22	15							
	Boothbay Harbor	Lincoln	Seaside School of Hope		4			4								
	Pittsfield	Somerset	Marie Bradford		12			12								
	Skowhegan	"	Mary Holland		8			8								

PHS-4774-2
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE

Page ______ of ______ pages

INVENTORY – SERVICES DATA

	LOCATION			DIAGNOSTIC & EVALUATION CLINIC	DAY FACILITY						RESIDENTIAL FACILITY					
AREA	CITY OR TOWN	COUNTY	NAME OF FACILITY	TOTAL NUMBER SERVED	TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES					TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES				
					TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
4	Auburn	Androscoggin	Occupational Training Center		17			17								
	Lewiston	"	Lewiston-Auburn School for Retarded		42		8	34								
	Farmington	Franklin	Franklin County Class		7			7								
	Mexico	Oxford	Hope Training School		38		8	30								

PHS-4774-2
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE
STATE
Page _____ of _____ pages

INVENTORY – SERVICES DATA

AREA	LOCATION		NAME OF FACILITY	DIAGNOSTIC & EVALUATION CLINIC	DAY FACILITY						RESIDENTIAL FACILITY					
					TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES					TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES				
	CITY OR TOWN	COUNTY		TOTAL NUMBER SERVED	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
5	New Gloucester	Cumberland	Pineland	119	8		8				1,068	1,068	216	305	547	
	Portland	"	Pride Training Center		88		54	34								
	"	"	Work Adjustment "		30					30						
	"	"	Woodfords Class		9			9								
	Brunswick	"	Youth Development Center		14			14								
	Sanford	"	Sanford-Springvale Class		12			12								
	Bath	Sagadahoc	Elmhurst Center		19			13		6						

INSTRUCTIONS for completing revised Form PHS-4774-3, Summary and Programing Data Report,
Mental Retardation Facilities Construction Program

GENERAL: For each city or town recorded on Form PHS-4774-1, a summarization of existing facilities and services should be entered in the appropriate columns. Similarly, information should be recorded by city or town, for additional facilities and services programed within a four year period. Thus, the data will be grouped so as to reveal the total mental retardation construction program within a particular city or town.

SPECIFICALLY:

Table Column Number

1. Enter name or number of area.

2. Enter the name of the city or town in column 2a and the county in column 2b for which there are existing or programed facilities.

   All existing facilities in each planning area should be listed first, followed by programed facilities.

FOR EXISTING FACILITIES

3a Check column for each city or town in which there are existing facilities.

4. Enter total number of existing facilities in each town.

5. Enter number of existing facilities in each appropriate column (See Form PHS-4774-1). Use the following code:

   A - diagnostic/evaluation clinic; B - day facility; C - residential facility.

6a-f Enter number of existing facilities providing each of the specified services (See Form PHS-4774-2).

7a-d Enter number of existing facilities serving the specified levels of mental retardation (See Form PHS-4774-2).

8a-c Enter number of existing facilities serving specified age groupings (See Form PHS-4774-2).

9. Enter total number of mentally retarded individuals served as shown on Form PHS-4774-1, column 9.

Summaries

4-9 Enter totals for each planning area or region.

See page 2 for instructions on programmed facilities.

FOR PROGRAMED FACILITIES

3b Check column for each city or town in which facilities are programed.

4. Each programed facility in each city or town in each planning area must be entered separately.

5. Check appropriate columns for type of facilities programed. Use the following code:

A - diagnostic/evaluation clinic; B - day facility; C - residential facility.

6a-f Check each specified service to be provided in programed facility. Use definitions contained in Section 54.104 of the Regulations.

7a-d Check each specified level of mental retardation to be served in programed facility.

8a-c Check each specified age group to be served in programed facility.

9. Enter total number of additional mentally retarded individuals to be served in programed facility.

Summaries

4-9 Enter totals for each column for all programed facilities in each planning area or region.

PHS-4774-3
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE

STATE

Page ____ of ____ pages

SUMMARY AND PROGRAMING DATA REPORT

AREA	CITY OR TOWN	COUNTY	EXISTING FACILITIES	PROGRAMED FACILITIES	NUMBER OF FACILITIES	TYPE OF FACILITY (ENTER NUMBER)			SERVICES OFFERED (ENTER NUMBER)						LEVEL OF RETARDATION SERVED (ENTER NO.)				AGE GROUPING SERVED (ENTER NO.)			TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED
						A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
			3a	3b	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
1	2a	2b																				
1	Fort Kent	Aroostook	X		1		1					1				1				1		9
	Madawaska	"	X		1		1					1				1	1			1		6
	Presque Isle	"	X		1		1					1			1	1				1	1	60
	Van Buren	"	X		1		1					1			1	1				1		13
	Totals				4		4					4			2	4	1			4	1	88
	Fort Kent	Aroostook		X	1		1					1				1				1		25
	Madawaska	"		X	1		1					1				1				1		20
	Presque Isle	" *		X	1		1					1				1				1		60
	Van Buren	"		X	1		1					1				1				1		25
	Totals				4		4					4				4				4		130

* Project under construction

PHS-4774-3
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED.
BUDGET BUREAU NO. 68-R878

Page ____ of ____ pages

SUMMARY AND PROGRAMING DATA REPORT

AREA	CITY OR TOWN	COUNTY	EXISTING FACILITIES	PROGRAMED FACILITIES	NUMBER OF FACILITIES	TYPE OF FACILITY (ENTER NUMBER)			SERVICES OFFERED (ENTER NUMBER)						LEVEL OF RETARDATION SERVED (ENTER NO.)				AGE GROUPING SERVED (ENTER NO.)			TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED
						A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3a	3b	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
2	Brewer	Penobscot	X		1		1				1	1		1	1	1	1			1	1	60
	E. Millinocket	"	X		1		1					1				1				1		16
	Lincoln	"	X		1		1					1				1				1		4
	Dover-Foxcroft	Piscataquis	X		1		1					1		1		1				1		12
	Milo	"	X		1		1				1	1			1	1				1		9
	Machias	Washington	X		1		1					1				1				1		20
	Totals				6		6				2	6		2	2	6	1			6	1	121
	Brewer	Penobscot		X	1		1					1		1	1	1				1	1	100
	E. Millinocket	" *		X	1		1					1		1		1				1	1	25
	Dover-Foxcroft	Piscataquis		X	1		1					1		1		1				1	1	30
	Totals				3		3					3		3	1	3				3	3	155

* Project under construction

PHS-4774
REV. 11-66

MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

BUDGET BUREAU NO. [illegible]

Page ______ of ______ pages

SUMMARY AND PROGRAMING DATA REPORT

AREA	CITY OR TOWN	COUNTY	EXISTING FACILITIES	PROGRAMED FACILITIES	NUMBER OF FACILITIES	TYPE OF FACILITY (ENTER NUMBER) A	B	C	SERVICES OFFERED (ENTER NUMBER) DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	LEVEL OF RETARDATION SERVED (ENTER NO.) MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING SERVED (ENTER NO.) PRE-SCHOOL	SCHOOL AGE	ADULT	TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED
1	2a	2b	3a	3b	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
3	Hallowell	Kennebec	X		1		1					1				1				1	1	20
	Waterville	"	X		1		1				1	1			1	1	1			1		50
	Boothbay Harbor	Lincoln	X		1		1					1				1				1		4
	Pittsfield	Somerset	X		1		1					1				1				1		12
	Skowhegan	"	X		1		1					1				1				1		8
	Totals				5		5				1	5			1	5	1			5	1	94
	Hallowell	Kennebec		X	1		1					1		1		1				1		50
	Waterville	" *		X	1		1					1		1	1	1	1			1		50
	Pittsfield	Somerset		X	1		1					1		1		1				1		25
	Skowhegan	"		X	1		1					1		1		1				1		25
	Totals				4		4					4		4	1	4	1			4		150

* Project under construction

53

PHS-4774-3
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R878

Page ______ of ______ pages

SUMMARY AND PROGRAMING DATA REPORT

AREA	CITY OR TOWN	COUNTY	EXISTING FACILITIES	PROGRAMED FACILITIES	NUMBER OF FACILITIES	TYPE OF FACILITY (ENTER NUMBER)			SERVICES OFFERED (ENTER NUMBER)						LEVEL OF RETARDATION SERVED (ENTER NO.)				AGE GROUPING SERVED (ENTER NO.)			TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED
						A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3a	3b	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
4	Auburn	Androscoggin	X		1		1							1	1	1				1		17
	Lewiston	"	X		1		1				1	1			1	1				1		42
	Farmington	Franklin	X		1		1					1				1				1		7
	Mexico	Oxford	X		1		1					1				1				1		38
	Totals				4		4				1	3		1	2	4				4		104
	Auburn	Androscoggin		X	1		1							1	1	1				1		30
	Lewiston	"		X	1		1				1	1			1	1				1		60
	Farmington	Franklin		X	1		1					1				1				1		25
	Mexico	Oxford		X	1		1					1		1		1				1		65
	Totals				4		4				1	3		2	2	4				4		180

PHS-4774-3
REV. 11-66

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE
STATE
Page ____ of ____ pages

SUMMARY AND PROGRAMING DATA REPORT

AREA	CITY OR TOWN	COUNTY	EXISTING FACILITIES	PROGRAMED FACILITIES	NUMBER OF FACILITIES	TYPE OF FACILITY (ENTER NUMBER) A	B	C	SERVICES OFFERED (ENTER NUMBER) DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	LEVEL OF RETARDATION SERVED (ENTER NO.) MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING SERVED (ENTER NO.) PRE-SCHOOL	SCHOOL AGE	ADULT	TOTAL NUMBER OF MENTALLY RETARDED INDIVIDUALS SERVED
1	2a	2b	3a	3b	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
5	New Gloucester	Cumberland	X		20	2		18	2	1	1	3	13		1	1	1	1		1	1	1,068
	Portland	"	X		3		1				1	1			1	1				1		88
	Portland	"	X		1		1							1	1					1		30
	Portland	"	X		1		1					1				1				1		9
	Brunswick	"	X		1		1					1				1				1		14
	Sanford	"	X		1		1					1				1				1		12
	Bath	Sagadahoc	X		1		1					1		1		1				1		19
	Totals				28	2	6	18	2	1	2	8	13	2	3	6	1	1		7	1	1,240
	New Gloucester	Cumberland		X	3	1	1	1	1	1		1		1		1	1		1	1		100
	Portland	"		X	1		1							1	1					1		60
	Sanford	"		X	1		1					1				1						40
	Bath	"		X	1		1					1		1		1				1	1	60
	Totals				6	1	4	1	1	1		3		3	1	3	1		1	3	1	260

2

55

RELATIVE NEED

Following is the manner in which relative need for construction of mental retardation facilities was established for the five Regions.

(a) Background Factors. This includes the number per 1,000 population served by public school special classes, by community schools, and by the State residential facility for the mentally retarded.

(b) Socio-economic Factors. This includes median family income, percent of substandard housing, percent of population over 25 years of age with less than an eighth grade education, and Child Welfare load per 100,000 child population.

(c) Specific Needs. Included in this category are: Unmet need for diagnostic and evaluation services, unmet need of day care programs, and unmet need of residential programs.

(d) Population Factor. The amount of population in a region determines the intensity of need, the demand for services, and the potential for utilization.

The weights assigned to the four factors follow:

Background Factors, a measure of the present utilization of facilities for the mentally retarded, weight of 1.

Socio-economic Factors, areas in which environmental deprivation may cause high prevalence of mental retardation, weight of 1.

Specific Needs, indicate the lack of services, immediate needs in the Region. This was felt to be of high importance and received a weight of 2.

Population Factors, account for intensity of need, demand for services and potential utilization, weight of 1.

The priority (p) was determined by the average ranking of Background Factors (a), plus Socio-economic Factors (b) plus Specific Need 2 (c), plus Population Factor (d).

$$p = (a) + (b) + 2\ (c) + (d)$$

Whenever a tie in rank order occurred, the tied Regions were each assigned a rank value equal to the average of the tied ranks. For example, two Regions tied for second rank would each be assigned a value of 2.5.

(a) Background Factors (weight of 1)

Region	Special Classes, Number Served	Per 1,000 Population age 5-20	Rank Order	Community Classes, Number Served	Per 1,000 Population age 5-20	Rank Order	Pineland Number Served	Per 1,000 Total Population	Rank Order	Sum of Ranks	Total Rank Order
I	105	3.53	1	88	2.96	5	153	1.46	1	7	1.5
II	315	4.75	3	114	1.72	3	354	1.52	3	9	3
III	405	8.01	5	84	1.66	2	385	2.17	5	12	5
IV	195	4.43	2	87	1.98	4	272	1.76	4	10	4
V	615	6.88	4	76	0.85	1	466	1.48	2	7	1.5

(b) Socio-Economic Factors (weight of 1)

Region	Median Family Income	Rank Order	Percent of sub-standard Housing Units	Rank Order	Percent of Population over 25, less than 8th Grade Education	Rank Order	Child Welfare Load per 100,000	Rank Order	Sum of Ranks	Total Rank Order
I	$4,111	1	37.50	2	43.49	1	138.9	4	8	1
II	4,586	2	39.15	1	32.50	5	160.5	2	10	2.5
III	4,827	3	33.96	3	35.64	3	177.2	1	10	2.5
IV	5,002	4	30.14	4	42.74	2	140.8	3	13	4
V	5,282	5	22.75	5	34.50	4	110.7	5	19	5

(c) Specific Needs (weight of 2)

Region	Diagnostic Services[1]	Rank Order	Children Served by Public School Special Classes[2]	Rank Order	Children Planned to be Served by Community Classes[3]	Rank Order	Vocational Training[4]	Rank Order	Residential Facilities[5]	Rank Order	Sum of Ranks	Total Rank Order
I	0	1	105	1	88	4	0	2	0	2.5	10.5	1
II	2	2	315	3	114	5	0	2	0	2.5	14.5	3
III	3	3.5	405	4	84	2	0	2	0	2.5	14	2
IV	4	5	195	2	87	3	1	4.5	0	2.5	17	4
V	3	3.5	615	5	72	1	1	4.5	1	5	19	5

Notes to (c) Specific Needs

1. Diagnostic services for the mentally retarded include only those services which are available to the mentally retarded.

2. Public school special classes in Maine are for the mildly mentally retarded only. The criterion for admission is an IQ from 55 to 75. This figure includes secondary classes where they exist.

3. Community classes are private schools organized and supported by parent associations. They receive per-pupil subsidy from local school departments and grants-in-aid from Community Mental Health Services. They admit moderately retarded children with IQ below 55. In the table, numbers have been added to account for expanding services at the Children's Opportunity Center in Presque Isle, Katahdin Class in East Millinocket, and Hilltop School in Waterville.

4. Vocational training includes sheltered workshops for the moderately retarded and work adjustment centers and occupational training centers for the mildly retarded.

5. Residential facilities include any facility offering twenty-four hour care.

(d) Population Factor (weight of 1)

Region	Population	Rank Order
I	104,300	5
II	232,700	2
III	177,400	3
IV	154,100	4
V	313,500	1

THE MENTAL RETARDATION PRIORITIES

BY REGION

Region	Background Factor (weight of 1)	Socio-Economic Factors (weight of 1)	Specific Needs (weight of 2)	Population (weight of 1)	Sum of Ranks	Final Rank Order
I	1.5	1	2	5	9.5	1
II	3	2.5	6	2	13.5	2
III	5	2.5	4	3	14.5	3
IV	4	4	8	4	20	5
V	1.5	5	10	1	17.5	4

TABLE OF RELATIVE NEED

Region	Priority	Population Center
I	1	Presque Isle-Caribou-Fort Fairfield
II	2	Bangor
III	3	Augusta-Waterville
IV	5	Lewiston-Auburn
V	4	Portland

METHODS OF ADMINISTRATION

A. Publicizing the Plan

1. At least thirty days prior to the submission of the State Plan to the Secretary, the State Agency will publish in newspapers having general circulation throughout the State a general description of the proposed construction program and the State Plan will be available for examination and comment by interested persons at all reasonable times prior to submission to the Secretary.

B. Project Construction Schedules

1. Directly after approval of the State Plan by the Public Health Service a Project Construction Schedule will be developed for mental retardation facilities and submitted to the Public Health Service. This Schedule will include projects, the approval of which are recommended by the State Agency out of the allotment for the fiscal year involved and will be developed in accordance with the principles and priorities contained in the approved Plan and the Regulations. The Schedule will be developed by actively soliciting applications from interested or sponsoring groups in the order of priority by areas. (Refer to the Application Process at the end of this Chapter for additional information on Project Construction Schedules.)

C. Standards of Construction and Equipment

1. Construction and equipment of projects assisted under the Federal Act will comply with all existing local requirements, with the Regulations,(paragraph 54.119), and with safety rules and regulations promulgated by the State Insurance Department.

2. Copies of standards (except local ones) are available for inspection at the State Agency.

D. Inspection Procedures

1. The State Agency will make adequate inspections of construction projects to determine that services have been rendered, that the work has been performed and purchases have been made in accordance with the approved plans and specifications.

E. Construction Payments

1. Requests for construction payments shall be submitted by applicants to the State Agency at the times prescribed by Section 54.115 (a) of the Regulations.

2. Under existing law, the State is authorized to make payment of Federal funds to all types of applicants.

3. Federal funds will be paid to the State Treasurer.

4. The State will promptly remit or credit all payments of Federal funds received by the State for payment to applicants for approved construction funds.

F. Personnel Standards Merit System

1. The program will be administered substantially in accordance with the Standard for a Merit System of Personnel Administration as set forth under the Regulations 54.109(a), including any subsequent amendments thereof.

G. Conflict of Interest

1. No full-time officer or employee of the State Agency, or any firm, organization, corporation, or partnership which such officer or employee owns, controls or directs, will receive funds from the Applicant, directly or indirectly, in payment for services provided in connection with the planning, design, construction or equipping of the project.

H. Financial Records

1. The State Agency will make such reports, in such form and containing such information, as the Secretary of Health,Education, and Welfare may from time to time reasonably require, and will keep such records and afford such access thereto as the Secretary may find necessary to assure the corrections and verifications of such reports.

2. The State Agency agrees to retain all documents coming into its possession, which relate to any expenditure under the Federal Act, for a period of at least one year beyond its participation in the Program.

3. The State Agency will require that an Applicant who has a project under the Federal Act maintain adequate fiscal records and controls and establish suitable property inventory records covering all equipment of more than nominal value; and further that the Applicant retain such fiscal and inventory records and other pertinent documents for a period of at least three years after the final payment of Federal funds to the Applicant.

4. The Comptroller General of the United States or his duly authorized representatives shall have access to the records specified in paragraph H(1) for the purpose of audit and examination.

I. Transfer of Allotments

1. A request may be submitted in writing to the Secretary that a specified portion of Maine's allotment for mental retardation facilities construction be added to its allotment under Title II of the Act for the construction of community mental health centers. The Secretary shall adjust the allotments upon either.

a. Certification by the State Agency that it has afforded from the date of availability of the first such allotment to the State a minimum of 18 months (but not exceeding the period of availability under the Act), and for any subsequent allotment to such State a minimum of 6 months, during which application could be made for the portion so specified and that no approvable applications for such funds were received during that period of time; or

b. A demonstration satisfactory to the Secretary that the need for community mental health centers is substantially greater than for facilities for the mentally retarded, such demonstration to include the concurrence or other views of the State advisory council designated under Section 134 (a) (3) of Title I, Part C of the Act.

J. Minimum Standards of Maintenance and Operation

1. The following national standards have been adopted as minimum standards for the maintenance and operation of facilities receiving aid under the Act in the State of Maine:

   a. Sheltered Workshops: "A statement of elementary standards respecting the policies, organization, operation and service activities of sheltered workshops" by the National Advisory Committee on Sheltered Workshops, Wage and Hour and Public Contracts Division, U. S. Department of Labor.

   b. Residential Facilities: "Standards for State Residential Institutions for the Mentally Retarded", prepared by the American Association on Mental Deficiency (Monograph supplement to A.A.M.D. Journal, January, 1964, Vol. 64, No. 8).

   c. Day Facilities: Standards by the Child Welfare League of America.

   d. Diagnostic and Evaluation Clinics: Standards by the American Psychiatric Association.

K. Fair Hearings

1. If an Applicant is dissatisfied with an action of the State Agency, he may request in writing for a fair hearing before the State Agency. Generally accepted procedures for the presentation of material, admissibility, time limitations, relevancy, and arriving at recommendations will be followed.

2. Actions of the State Agency which will entitle the Applicant to a hearing include:

   a. denial of opportunity to make formal application:

b. rejection or disapproval of application; and

c. refusal to reconsider an application.

3. Appeals from decisions or actions of the State Agency must be made by the Applicant, in writing, within thirty days from the date of the adverse decision by the State Agency.

4. The appellant will be notified in writing of the time and place of hearing. The time and place of the hearing, which is determined by the State Agency, will be reasonably convenient for the appellant.

5. The appellant is entitled to be represented by friends or counsel, if he so desires. The appellant and other persons interested and concerned with the State Agency's decision are entitled to present evidence in the way desired, subject to reasonable procedures of admissibility and methods of presentation.

6. The appellant is entitled to examine all evidence and to question opposing witnesses.

7. The decision of the State Agency will be made in writing within 30 days from the date of the hearing, and will be based on the evidence presented at the hearing.

8. A stenographic record of the hearing will be made, and, upon request of the appellant, will be transcribed and made available for examination.

L. Federal Share

1. A Uniform Rate for all Projects in the State.

a. Uniform rate - the Federal share of the cost of all projects approved in Maine for the fiscal year July 1, 1966, through June 30, 1967 will be 58 percent. However, a project may be fractionalized. In this event the Federal share of that portion of the project accepted for participation will be 58 percent during the fiscal year 1967. The percentage of Federal participation for projects will be redetermined annually.

M. Assurances of Nondiscrimination

1. The State agency will obtain assurance from each applicant that all portions and services of the entire facility for the construction of which or in connection with which, aid under the Act is sought will be made available without discrimination on account of race, creed, color, or national origin; and that no professionally qualified persons will be discriminated against on account of race, creed, color, or national origin with respect to the privilege of professional practice in the facility.

N. Assurances to Those Unable to Pay

1. Before a construction application for a facility for the mentally retarded is recommended by the State Agency for approval, the State Agency shall obtain assurance from the Applicant that the facility will furnish below cost or without charge a reasonable volume of services to persons unable to pay therefor.

O. Plan Revision

1. The State Agency will annually revise its State Plan and submit to the Secretary modifications thereof considered necessary to administer the Program in accordance with the Federal Act.

P. Change of Status of Facility.

1. The State Agency shall promptly notify the Secretary in writing, if at any time within 20 years after the completion of construction, any facility which received funds under Part C of Title I of the Federal Act is transferred to any person, agency, or organization not qualified to file an application under Part C, Title I of the Federal Act or not approved as a transferree by the State Agency; or ceases to be a public or nonprofit facility for the mentally retarded as defined in the Federal Act.

Q. Good Cause for Other Use of Facility

1. If within twenty years after completion of any construction for which a construction grant has been made the facility shall cease to be a public or nonprofit facility for the mentally retarded, the Secretary of the Department of Health, Education, and Welfare in determining whether there is good cause for releasing the Applicant or other owner of the facility from the obligation to continue such facility as a public or other nonprofit facility for the mentally retarded, shall take into consideration the extent to which:

    a. The facility will be devoted by the Applicant or other owner to use for another public purpose which will promote the purpose of the Act: or

    b. There are reasonable assurances that for the remainder of the twenty-year period other facilities not previously utilized for the care of the mentally retarded will be so utilized and are substantially equivalent in nature and extent for such purposes.

R. Nonduplication of Grants

1. No grant may be made after January 1, 1964, under any provision of the Public Health Service Act, for any of the four fiscal years in the period beginning July 1, 1964, and ending June 30, 1968, for construction of any facility for the mentally retarded described in Title I, Part C of P. L. 88-164, unless the Secretary determines that funds are not available under Title I, Part C of P. L. 88-164.

THE APPLICATION PROCESS

1. At least two months prior to making application for Federal Funds for a Project the Applicant should request a pre-design conference. Participants normally will be the Applicant's representatives, including the Project Architect, the State Agency representatives and the Public Health Service Regional Architect or Engineer. Pertinent existing structures will be examined as to code requirements and the development of the Project planning will be reviewed.

2. An application for funds under the Federal Act must be submitted to the State Agency prior to September 1 to qualify for consideration during the succeeding fiscal year. It shall consist of the following:

    a. Part 1 of the Project Construction Application (Form PHS 62-1), which includes a description of the proposed Project, the staffing, the need, the type of construction, and the Architect's estimated costs of construction and equipment, the costs of maintenance and operation and the required assurances.

    b. Schematic plans of the proposed Project. It must be shown that the Project plans fit into a logical long-range plan for the institution. Consideration shall be observed in such planning of the inter-relationships between the Applicant institution and other existing or anticipated related institutions in connection with long-range regional planning.

    c. Proof that the required financial resources for the Applicant's share of the Project costs have already been acquired. (At least one-third of the Applicant's share should be cash or other liquid assets free of encumbrances and not more than one-third should be a construction loan. If a loan is contemplated, prior arrangements should be made for it, but the actual loan need not be made until contract time.)

    d. Reference should be made to the pertinent Section of this Plan covering the type project for which an application for funds is being made for any additional application requirements.

3. Filing of Part 1 of the Project Construction Application incurs no obligation or commitment upon the State Agency.

4. Those applications received prior to September 1 will be referred to the Mental Retardation Facilities Advisory Council. The Applicants will be invited to appear before the Advisory Council to discuss the merits of their proposed Projects.

5. The Mental Retardation Facilities Advisory Council will base its selection of Projects for Federal grants on the following principles:

a. the priority of the Project as determined in accordance with the principles outlined in the State Plan for determination of relative need;

b. the intent of sponsoring agencies, expressed in writing, to begin construction within a reasonable length of time;

c. The ability of the sponsoring agency to meet the financial requirements for construction, maintenance and operation of the proposed facility;

d. the scope of the proposed Project in terms of the services and facilities it is expected to make available to its area;

e. the degree of local support of the Project and local recognition of the need as expressed by the extent of the public participation in the planning and financing of the Project.

6. Separate Project Construction Schedules, which include those Projects for the various types of facilities as recommended by the Advisory Council and the State Agency for the allotments for the fiscal years involved, are then submitted to the Public Health Service for approval.

7. The sponsor of a Project, which has received tentative approval for an allocation of Federal funds, shall prior to December 1 file an approvable Part 3 of the Project Construction Application (Form PHS 62-7, Site Information) and the preliminary plans through Stage 2.

8. A Project, which fulfills the requirements outlined in Item 8, shall prior to May 1 file approvable Stage 3 (final) Plans and Specifications, Part 4 of the Project Construction Application (Form PHS 64-8) and Part 2 of the Project Construction Application (Form PHS 64-6).

9. Failure to fulfill the requirements outlined in Items 7 or 8 may cause the Project to be removed from the Project Construction Schedule and its tentative allocation may be rescinded, thereby enabling the State Agency to substitute another high priority Project prepared to fulfill such requirements.

10. The State Agency, upon request from the Project Applicant, may extend the time limitations set forth in Items 7 and 8 if extenuating circumstances warrant such action and if such extension would not effect possible loss of Federal funds to the State. The request for extension must state the reasons for the delay and give satisfactory assurances that the Project will be processed without further delay.

11. If a Project is removed from a Project Construction Schedule by the State Agency, the Schedule will be revised to include the next highest priority Project which meets the requirements for inclusion.

12. The fact that a Project is excluded from a Project Construction Schedule for any of several reasons will not change the Project priority rating (although for other reasons this priority may change). Such Projects will be considered for inclusion in each succeeding Project Construction. Schedule.

13. If a Project is in the highest priority group, Part I of the Project Construction Application may be approved and forwarded by the State Agency prior to approval of the Project Construction Schedule. If the Project is not in the highest priority group, Part I of the Project Construction Application will not be submitted until the Schedule is approved.

14. Priorities of areas change when the complete Project Construction Schedule for the State has been approved by the Public Health Service.

15. After approval of the Project Construction Schedule by the Public Health Service, a listed Project will not be removed therefrom unless the Applicant:

    a. voluntarily withdraws;

    b. fails to submit the required documents within the time limits specified;

    c. fails to comply with prescribed rules and regulations relating to finances, plans, specifications, records, and so forth, or

    d. fails to initiate construction within a reasonable period of time.

APPENDIX

Page

Certificate of Enactment 70

Copy of Law 71

Letter from Governor John H. Reed to Surgeon General 72

Definitions 73

TABLES

Table I Estimated Mental Retardation Population by Regions 76

Table II Educational Services by Regions 77

Table III Distribution of Classes for the Mentally Retarded (Public and Private) 78

MAPS

Map I Location of Local Associations for Retarded Children 79

Map II Population Density 81

Map III Economic Distribution 82

Map IV General and State Hospitals 83

State of Maine

Department of State

I, Kenneth M. Curtis, Secretary of State, certify, that the paper to which this is attached, is a true copy from the records of this office.

In Testimony Whereof, I have caused the Great Seal of the State to be hereunto affixed. GIVEN under my hand at Augusta, this thirteenth day of May in the year of our Lord one thousand nine hundred and sixty-five and in the one hundred and eighty-ninth year of the Independence of the United States of America.

Kenneth M. Curtis Secretary of State

IN HOUSE OF REPRESENTATIVES, ... April 22, ... 1965

Read three times and passed to be enacted.

.... Dana W. Childs .... *Speaker*

IN SENATE, April 23 1965

Read twice and passed to be enacted.

.... Carlton Day Reed, Jr. .... *President*

Approved ..... April 28 1965

.... John H. Reed .... *Governor*

APPROVED
APR 28'65
BY GOVERNOR

CHAPTER
231
PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED SIXTY-FIVE

S. P. 364 — L. D. 1131

AN ACT to Authorize State Participation in Federally Aided Health Facilities Programs.

Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the Federal Government, through P. L. 88-164, has made available assistance for construction of facilities for the mentally retarded and for community mental health centers, and through P. L. 88-443, has made available assistance for construction and modernization of hospitals and other medical facilities; and

Whereas, approximately $1,500,000 in federal funds will be available for use under P. L. 88-443, and approximately $300,000 will be available for use under P. L. 88-164, during the fiscal year ending June 30, 1965, only if certain organizational requisites are met immediately; and

Whereas, at present several facilities have applied for and are eligible for such federal grants; and

Whereas, the present and future welfare of our State is dependent upon new construction and modernization of hospital and other medical facilities, including mental retardation facilities and community mental health centers; and

Whereas, the following legislation is vitally necessary to assist in such new construction and modernization of hospital and other medical facilities, including mental retardation facilities and community mental health centers; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. R. S., T. 22, §§ 1702, 1704, repealed. Sections 1702 and 1704 of Title 22 of the Revised Statutes are repealed.

Sec. 2. R. S., T. 22, § 1703, amended. The first sentence of section 1703 of Title 22 of the Revised Statutes is amended to read as follows:

'The department shall have authority to accept any federal law now in effect or hereafter enacted which makes federal funds available for public health services of all kinds ~~including the construction of hospitals and health centers~~ and to meet such federal requirements with respect to the administration of such funds as are required as conditions precedent to receiving federal funds.'

Sec. 3. R. S., T. 22, § 1709, additional. Title 22 of the Revised Statutes is amended by adding a new section 1709, to read as follows:

'§ 1709. State-wide plan; advisory council; duties

Except where a single state agency is otherwise designated or established in accordance with any other state law, any state officer or state agency, designated by the Governor for such purpose, is authorized to be the sole agency of the State of Maine to establish and administer or supervise the administration of any statewide plan for the construction, modernization, equipment, maintenance or operation of any facilities for the prevention of physical or mental illness or the provision of care, treatment, diagnosis, rehabilitation, training or related services, which plan is now, or may hereafter be, required as a condition to the eligibility for benefits under any federal law. Such officer or agency is authorized to receive, administer and expend any funds that may be available under any federal law or from any other source, public or private, for such purposes.

The Governor shall appoint a state advisory council or councils with appropriate representatives, including such representatives as are required as a condition of eligibility for benefits under any federal law, to consult with such state officer or state agency in carrying out the purposes of this chapter.

Each council member shall hold office for a term of 4 years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and the term of office of the members first taking office shall expire, as designated at the time of appointment, ¼ of the total number of members at the end of the first year, ¼ at the end of the 2nd year, ¼ at the end of the 3rd year, and ¼ at the end of the 4th year, after the date of appointment. The Governor shall designate the chairman of each such council. Council members, while serving on council business, shall receive no compensation but shall be entitled to receive actual and necessary travel and subsistence expenses while so serving away from their places of residence. The council or councils shall meet as frequently as the chairman thereof deems necessary but not less than once each year. Upon request of 4 or more members of a council, it shall be the duty of the chairman to call a meeting of such council.

Such state officer or state agency is authorized and empowered to comply with or do any and all other acts or things necessary or required to be done as a condition to receiving federal aid or grants with respect to the establishment, construction, modernization, maintenance, equipment or operation for all the people of the State of adequate facilities and services as specified in this section, including the authority:

1. Inventory. To provide for an inventory of existing facilities of a particular category or categories thereof, and to survey the need for additional facilities;

2. Program. To develop and administer a construction program or programs which, in conjunction with existing facilities, will afford adequate facilities to serve the people of the State;

3. Administration. To provide methods of administration, including personnel standards, on a merit basis, and to require reports, make investigations and prescribe regulations;

4. Priority. To provide for priority of projects or facilities;

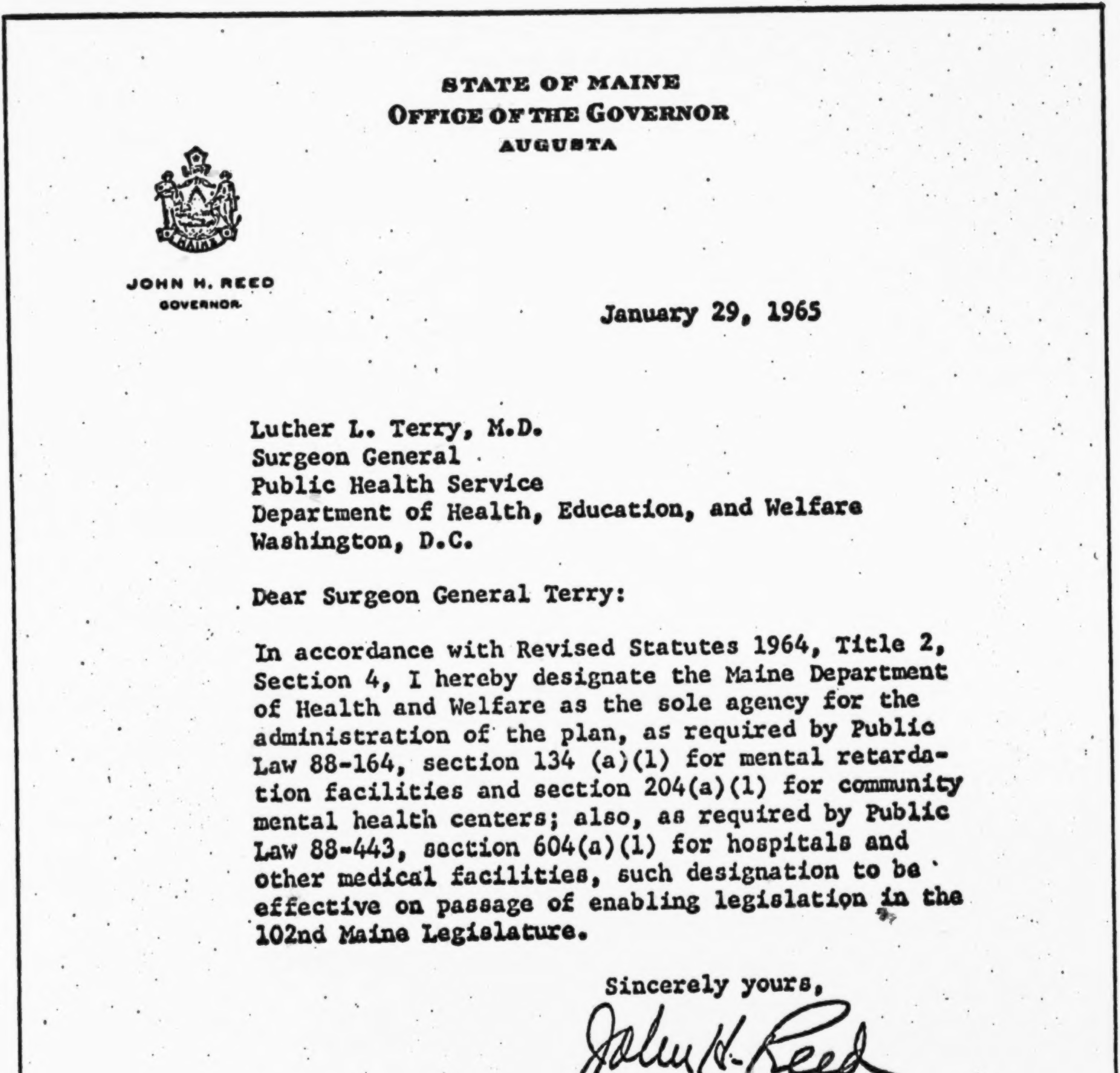
5. Hearing. To provide to applicants an opportunity for a hearing before such state officer or state agency; and

6. Standards. To prescribe and require compliance with such standards of maintenance and operation applicable to such facilities as are reasonably necessary to protect the public health, welfare and safety.'

Emergency clause. In view of the emergency cited in the preamble, this Act shall take effect when approved.

AUTHORITY OF STATE AGENCY

Letter from Governor Reed designating the Department of Health and Welfare as the sole agency for the administration of the plans under Title 1, Part C, P. L. 88-164 and P. L. 88-443



STATE OF MAINE
OFFICE OF THE GOVERNOR
AUGUSTA

JOHN H. REED
GOVERNOR

January 29, 1965

Luther L. Terry, M.D.
Surgeon General
Public Health Service
Department of Health, Education, and Welfare
Washington, D.C.

Dear Surgeon General Terry:

In accordance with Revised Statutes 1964, Title 2, Section 4, I hereby designate the Maine Department of Health and Welfare as the sole agency for the administration of the plan, as required by Public Law 88-164, section 134 (a)(1) for mental retardation facilities and section 204(a)(1) for community mental health centers; also, as required by Public Law 88-443, section 604(a)(1) for hospitals and other medical facilities, such designation to be effective on passage of enabling legislation in the 102nd Maine Legislature.

Sincerely yours,

John H. Reed
JOHN H. REED
Governor

DEFINITIONS

For a clearer concept of the Mental Retardation Facilities Construction Program, definitions of certain words or terms are listed as follows:

1. The "Act" means the Mental Retardation Facilities Construction Act of 1963, (Pub. Law 88-164) Title I, Part C.

2. The "Regulations" means Public Health Service Regulations, Part 54, Sub-part B, pertaining to construction of facilities for the mentally retarded.

3. "Surgeon General" means the Surgeon General of the Public Health Service.

4. A "State Plan" is a public document for guiding and influencing the development of services and facilities for the mentally retarded. It describes the present pattern of services and facilities throughout the State. It presents a comprehensive program for the development of needed facilities designed to provide quality treatment and care of the retarded. The Plan serves as the basis for allocation of funds available under provisions of Title I, Part C of P. L. 88-164. It also provides a bench mark for evaluating the need for construction contemplated outside the Federal Program.

5. The term "nonprofit facility for the mentally retarded" means a facility for the mentally retarded which is owned and operated by one or more nonprofit corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual; and the term "nonprofit private agency or organization" means an agency or organization which is such a corporation or association or which is owned and operated by one or more of such corporations or associations.

6. "Community Service" means that the services furnished by the facility will be available to the general public.

7. "Population" means the latest figures of total population residing in the States as certified by the Federal Department of Commerce.

8. "Area, Service Area or Region" means the geographic territory from which persons needing services for the mentally retarded come or might be expected to come to existing or proposed facilities for the mentally retarded.

9. The term "Construction" includes construction of new buildings, expansion, remodeling, and alteration of existing buildings, and initial equipment of any such buildings (including medical transportation facilities); including architect's fees, but excluding the cost of off-site improvements and the cost of the acquisition of land.

10. "Equipment" means those items which are necessary for the functioning of the facility, but does not include items of current operating expense such as food, fuel, drugs, paper, printed forms and soap.

11. The term "Title", when used with reference to a site for a project, means a fee simple, or such other estate or interest (including a leasehold on which the rental does not exceed 4 per centum of the value of the land) as the Secretary finds sufficient to assure for a period of not less than fifty years undisturbed use and possession for the purposes of construction and operation of the project.

12. "Comprehensive Services" means a complete range of the services in sufficient quantity to meet the needs of the mentally retarded within the area as follows:

    (a) Diagnostic Services. Coordinated medical psychological and social services, supplemented where appropriate by nursing, educational or vocational services, and carried out under the supervision of personnel qualified to:

        (1) Diagnose, appraise, and evaluate mental retardation and associated disabilities, and the strength, skills, abilities and potentials for improvement of the individual;

        (2) determine the needs of the individual and his family;

        (3) develop recommendations for a specific plan of services to be provided with necessary counseling to carry out recommendations; and

        (4) where indicated, periodically reassess progress of the individual.

    (b) Treatment Services. Services under medical direction and supervision providing specialized medical, psychiatric, neurological, or surgical treatment, including dental therapy, physical therapy, occupational therapy, speech and hearing therapy, or other related therapies which provide for improvement in the effective physical, psychological or social functioning of the individual.

    (c) Educational Services. Services, under the direction and supervision of teachers qualified in special education, which provide a curriculum of instruction for preschool children, for school age children unable to participate in public schools, and for the mentally retarded beyond school age.

    (d) Training Services. Services which provide:

        (1) Training in self-help and motor skills;

        (2) training in activities of daily living;

        (3) vocational training;

        (4) opportunities for personality development; and

(5) experiences conducive to social development, and which are carried out under the supervision of personnel qualified to direct these services.

(e) Custodial Services. Services which provide personal care including, where needed, health services supervised by qualified medical or nursing personnel.

(f) Day Care Services - Day Care Center. A Day Care Center is a facility housed in a separate private or public school or other setting for the care, training and/or education of educable, trainable, and totally dependent mentally retarded children for whom there are no available public school classes or other community provisions. A Day Care Center may offer services for all of these children, or may elect to serve some particular section of these groups.

(g) Sheltered Workshop Services. Services in a facility which provides or will provide comprehensive services involving a program of paid work which provides:

(1) Work evaluation;

(2) work adjustment training;

(3) occupational training; and

(4) transitional or extended employment; and carried out under the supervision of personnel qualified to direct these activities.

(h) Regional Residential Center. Services for 24-hour care provided near the population center in each Region. Organized with sufficient flexibility to provide both in and outpatient services for short and long-time care.

Table I

Estimated Population by Region, Number Aged 5-20 Inclusive, Estimates of Number Retarded and American Association on Mental Deficiency Prevalence Figures for Various I.Q.'s

Estimated Population (1963) By Region		School Age Estimated Ages 5-20 Inclusive	% of Total	Estimate of Retarded 3%	American Association on Mental Deficiency Prevalence Figures for I.Q. 50-75 2.5%	25-49 .4%	Below 25 .1%
TOTALS	982,000	279,872	100.0	8,397	6,997	1,119	280
I	104,300	29,726	10.6	892	743	119	30
II	232,700	66,320	23.8	1,990	1,658	265	66
III	177,400	50,559	18	1,517	1,264	202	51
IV	154,100	43,919	15.6	1,318	1,098	176	44
V	313,500	89,348	32	2,680	2,234	357	89

As of 1966, the State Department of Education had 109 public school classes for the educable retarded numbering 1,635 pupils (23.4% of 6,997).

As of 1966, the State Department of Mental Health and Corrections aided 22 private schools with classes for the trainable retarded numbering 449 pupils (40.1% of 1,119).

TABLE II

Total Population, Percentage Mentally Retarded, Existing Educational Services, School Age Estimated Ages 5-20 Inclusive, Mentally Retarded School-Age Population, Number of Classes and Number of Pupils in Educable and Trainable Classes, and Number and Percentage of Mentally Retarded School Age Population Not Receiving Educational Services, By Region

Regions	Total Pop. 1963 Estimate	Mentally Retarded 3% of Total	Residential Facility	Clinics	Vocational Services[1]	School Age Estimated Ages 5-20 Inclusive	Mentally Retarded 3% of School-Age Population 5-20	Classes for Educables[2]	Schools for Trainables	No. of M.R. Not Served	% M.R. Not Receiving Educational Services
Totals	982,000	29,460		12	2	279,872	8,397	109=1,635 + 2,084	22=449 =	6,313	75[3]
I	104,300	3,129		1		29,726	892	7= 105	4= 88	699	74.6
II	232,700	6,981		2		66,320	1,990	21= 315	5=114	1,561	67
III	177,400	5,322		3		50,559	1,517	27= 405	5= 84	1,028	77.8
IV	154,100	4,623		3	1	43,919	1,318	13= 195	3= 87	1,036	78.6
V	313,500	9,405	a	2	2	89,348	2,680	41= 615	5= 76	1,989	74.2

[a] Pineland Hospital and Training Center, the State's only State-wide institution, is located in this Region. As of June 30, 1966, its resident population was 1,068.

[1] Not permanent facilities - are pilot studies supported by Vocational Rehabilitation grants.

[2] The legal maximum of 15 pupils per class is used here.

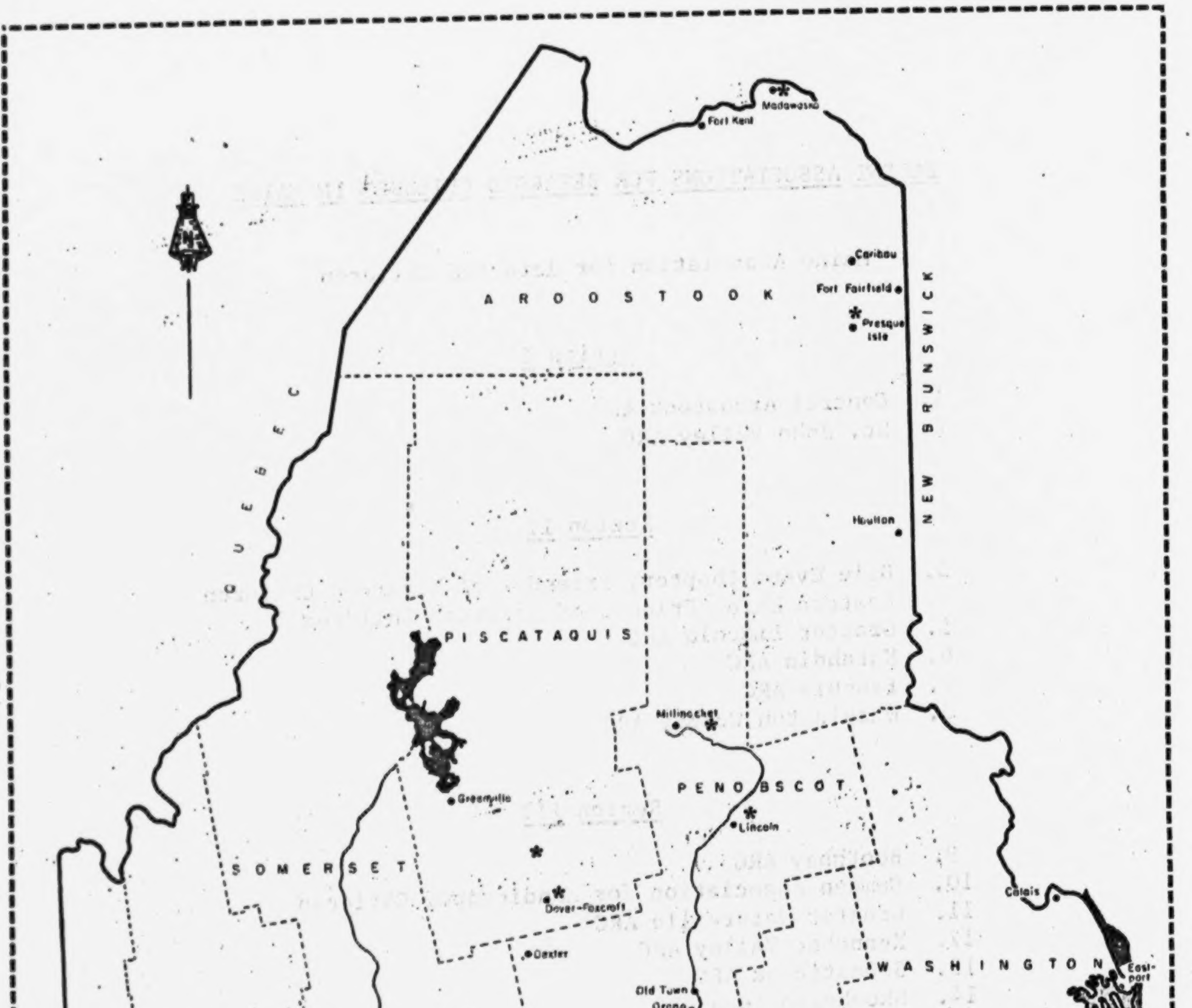
[3] Pineland's resident population not included in this figure.

APPENDIX

TABLE III

Distribution of Public School Special Classes, and Numbers of Educable and Trainable Children, in Each of the Five (5) Regional Areas in Maine

REGIONS	Number of Classes for Educable and Trainable				Number of Classes		Number of Children in Educable and Trainable Classes				Number of Children	
	Educable		Trainable				Educable		Trainable			
	1966	1967	1966	1967	1966	1967	1966	1967	1966	1967	1966	1967
Region I	4	7	4	4	8	11	60	105	62	88	122	193
Region II	17	21	5	5	22	21	255	315	106	114	361	429
Region III	19	27	5	5	24	32	285	405	74	84	359	489
Region IV	13	13	3	3	16	16	195	195	85	87	290	282
Region V	37	41	2	5	39	46	555	615	56	76	611	691
TOTALS	90	109	19	22	109	131	1,350	1,635	393	449	1,743	2,084


N
QUEBEC
NEW BRUNSWICK
AROOSTOOK
Madawaska
Fort Kent
Caribou
Fort Fairfield
Presque Isle
Houlton
PISCATAQUIS
Greenville
Millinocket
PENOBSCOT
Lincoln
SOMERSET
Dover-Foxcroft
Dexter
Calais
WASHINGTON
Eastport
Old Town
Orono
Bangor
Brewer
Machias
FRANKLIN
Skowhegan
Pittsfield
Farmington
HANCOCK
Bucksport
Ellsworth
Rumford
Mexico
Fairfield
Waterville
Winslow
WALDO
Belfast
Bar Harbor
OXFORD
KENNEBEC
Augusta
Gardiner
KNOX
Camden
Rockland
South Paris
Auburn
Lewiston
ANDROSCOGGIN
LINCOLN
Wiscasset
SAGADAHOC
Bath
Brunswick
Boothbay Harbor
CUMBERLAND
Westbrook
Portland
South Portland
YORK
Saco
Alfred
Sanford
Biddeford
Kittery
Atlantic Ocean
COUNTY BASE MAP
MAINE
0 10 20 30 miles

* Parent Associations
for Retarded Children in Maine

Department of Economic Development, Research and Planning Division — 1964
Published under Appropriation No. 3920

PARENT ASSOCIATIONS FOR RETARDED CHILDREN IN MAINE

Maine Association for Retarded Children

Region I

1. Central Aroostook ARC
2. St. John Valley ARC

Region II

3. Dale Evans Chapter, Friends of Retarded Children
4. Eastern Maine Friends of Retarded Children
5. Greater Lincoln ARC
6. Katahdin ARC
7. Penquis ARC
8. Washington County ARC

Region III

9. Boothbay ARC
10. Camden Association for Handicapped Children
11. Greater Waterville ARC
12. Kennebec Valley ARC
13. Sebasticook ARC
14. Skowhegan Area ARC

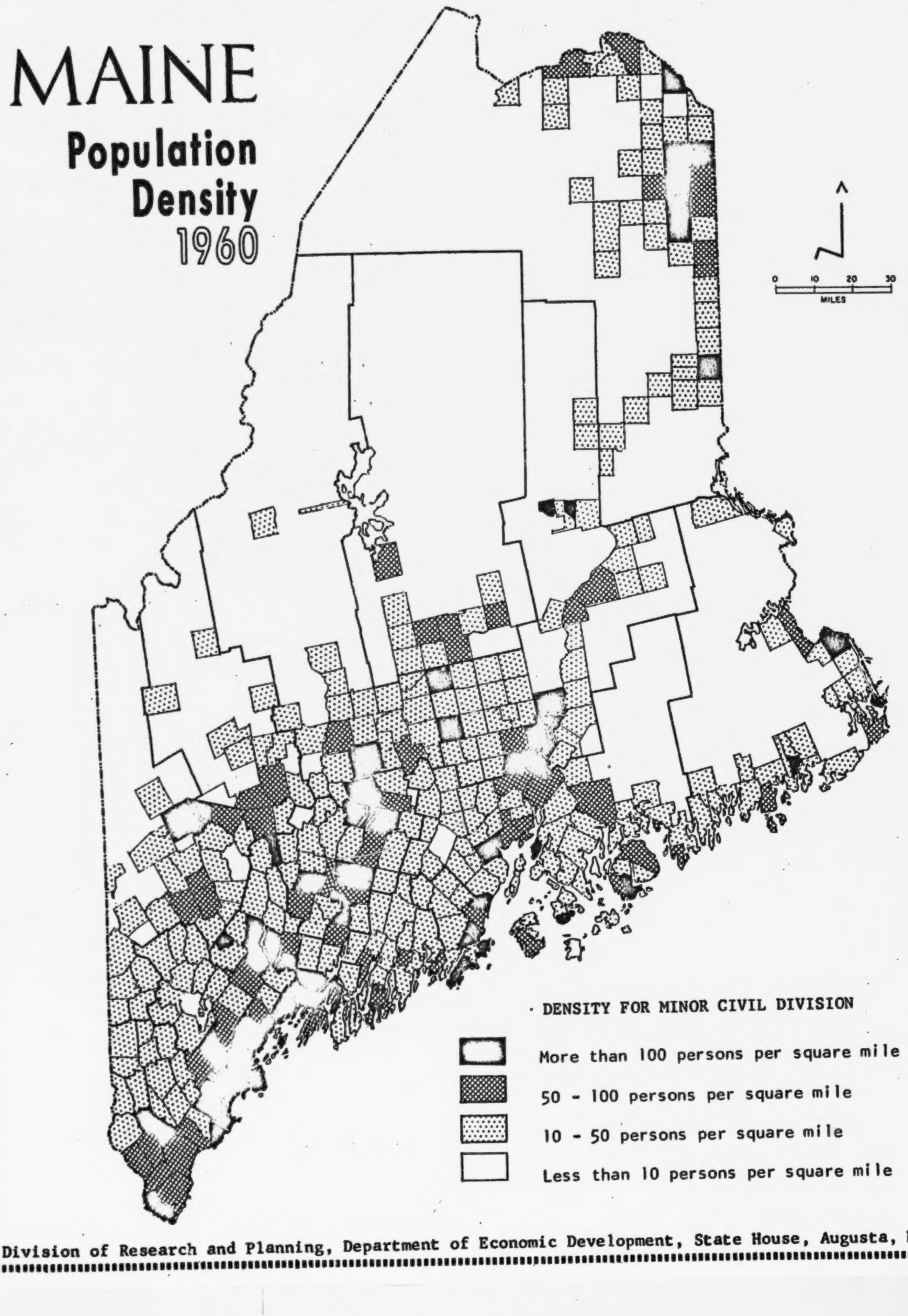
Region IV

15. Franklin County ARC
16. Lewiston-Auburn ARC
17. Oxford County ARC
18. Southern Oxford County ARC

Region V

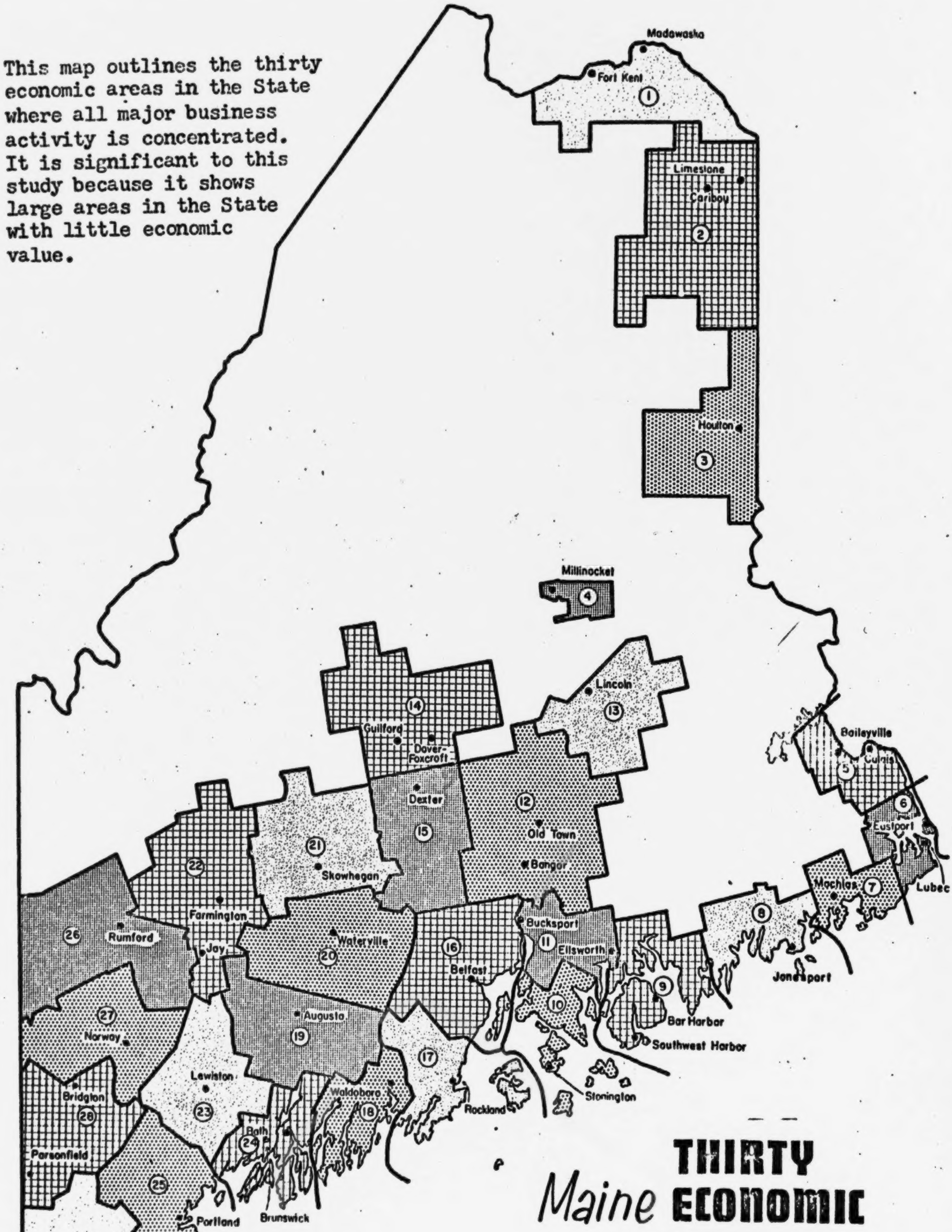
19. Bath-Brunswick ARC
20. Greater Portland ARC
21. Sanford- Springvale ARC
22. Pineland Parents and Friends Associates
23. Waban ARC
24. Saco Valley ARC

MAINE
Population Density 1960


0 10 20 30
MILES
DENSITY FOR MINOR CIVIL DIVISION
▢ More than 100 persons per square mile
■ 50 - 100 persons per square mile
▒ 10 - 50 persons per square mile
□ Less than 10 persons per square mile

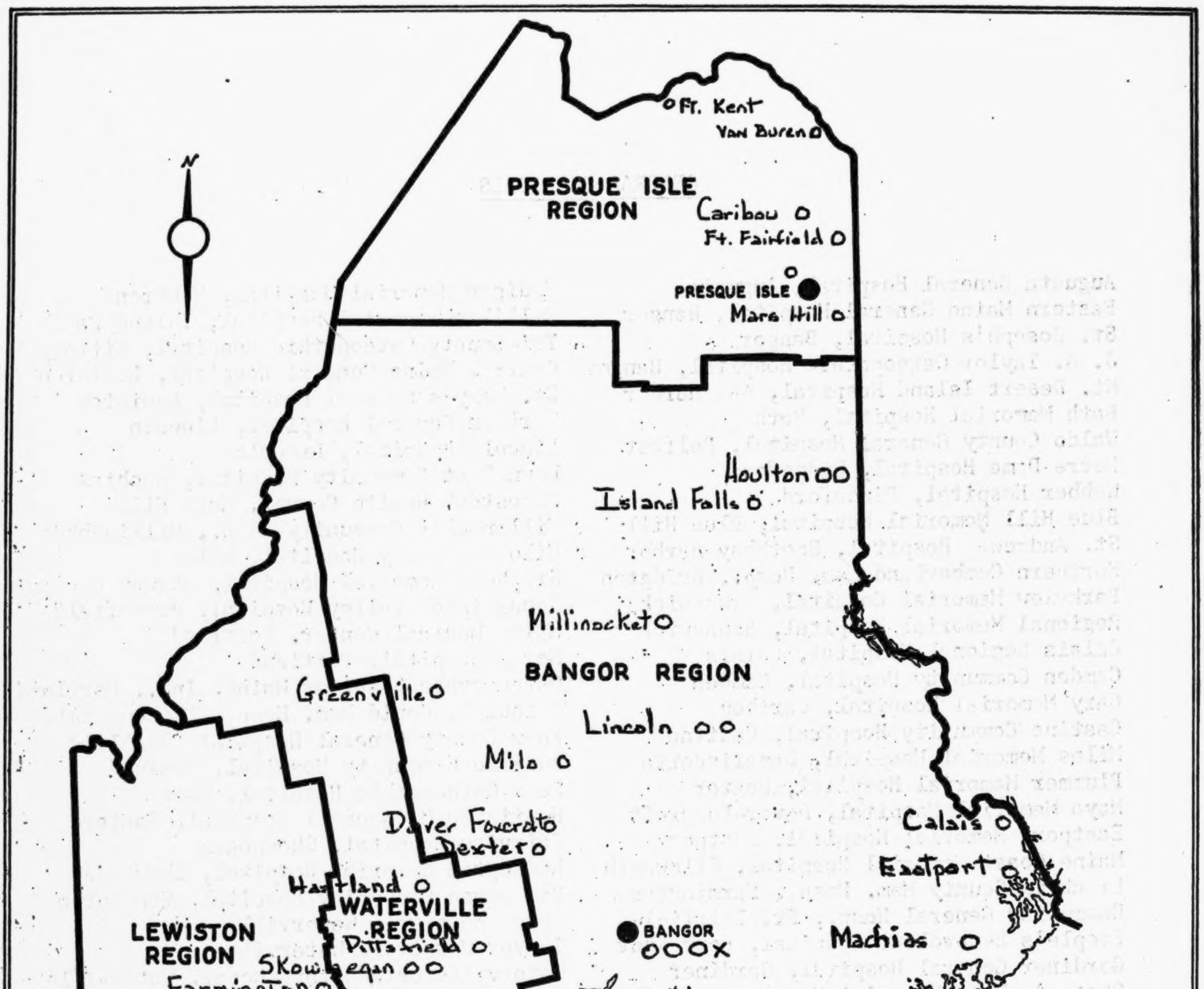
Division of Research and Planning, Department of Economic Development, State House, Augusta, Maine

This map outlines the thirty economic areas in the State where all major business activity is concentrated. It is significant to this study because it shows large areas in the State with little economic value.



Maine THIRTY ECONOMIC AREAS

Madawaska
Fort Kent
①
Limestone
Caribou
②
Houlton
③
Millinocket
④
Baileyville
Calais
⑤
⑥
Eastport
Machias
⑦
Lubec
⑧
Jonesport
⑨
Bar Harbor
Southwest Harbor
⑩
Stonington
⑪
Bucksport
Ellsworth
⑫
Old Town
Bangor
Lincoln
⑬
⑭
Guilford
Dover-Foxcroft
Dexter
⑮
⑯
Belfast
⑰
Rockland
Waldoboro
⑱
Augusta
⑲
Waterville
⑳
㉑
Skowhegan
㉒
Farmington
Jay
Lewiston
㉓
Bath
㉔
Brunswick
Portland
㉕
Rumford
㉖
Norway
㉗
Bridgton
㉘
Parsonfield
㉙
Biddeford
㉚
Kittery


N
Ft. Kent
Van Buren
PRESQUE ISLE REGION
Caribou
Ft. Fairfield
PRESQUE ISLE
Mars Hill
Houlton
Island Falls
Millinocket
BANGOR REGION
Greenville
Lincoln
Milo
Dover Foxcroft
Dexter
Hartland
WATERVILLE REGION
Pittsfield
Skowhegan
LEWISTON REGION
Farmington
Rumford
WATERVILLE
BANGOR
Calais
Eastport
Machias
Ellsworth
Castine
Blue Hill
Bar Harbor
Belfast
Augusta
Gardiner
Norway
Camden
Rockland
LEWISTON
Damariscotta
Bridgton
Bath
Pownal
Brunswick
PORTLAND REGION
Boothbay Harbor
PORTLAND
Westbrook
Saco
Biddeford
Sanford
York
Kittery

MAINE

GENERAL HOSPITAL REGIONS*

AND GENERAL AND MENTAL HOSPITALS

X	Mental
O	General
C	Hospital-based clinic serving the mentally retarded

*As delineated by the Health Facilities Program (Hill-Burton)

GENERAL HOSPITALS

Augusta General Hospital, Augusta
Eastern Maine General Hospital, Bangor
St. Joseph's Hospital, Bangor
J. A. Taylor Osteopathic Hospital, Bangor
Mt. Desert Island Hospital, Bar Harbor
Bath Memorial Hospital, Bath
Waldo County General Hospital, Belfast
Notre Dame Hospital, Biddeford
Webber Hospital, Biddeford
Blue Hill Memorial Hospital, Blue Hill
St. Andrews Hospital, Boothbay Harbor
Northern Cumberland Mem. Hosp., Bridgton
Parkview Memorial Hospital, Brunswick
Regional Memorial Hospital, Brunswick
Calais Regional Hospital, Calais
Camden Community Hospital, Camden
Cary Memorial Hospital, Caribou
Castine Community Hospital, Castine
Miles Memorial Hospital, Damariscotta
Plummer Memorial Hospital, Dexter
Mayo Memorial Hospital, Dover-Foxcroft
Eastport Memorial Hospital, Eastport
Maine Coast Memorial Hospital, Ellsworth
Franklin County Mem. Hosp., Farmington
Community General Hosp., Ft. Fairfield
People's Benevolent Hospital, Fort Kent
Gardiner General Hospital, Gardiner
Chas. A. Dean Memorial Hosp., Greenville
Scott Webb Memorial Hospital, Hartland
Aroostook General Hospital, Houlton
Madigan Memorial Hospital, Houlton
Milliken Memorial Hospital, Island Falls
Tri-County Osteopathic Hospital, Kittery
Central Maine General Hospital, Lewiston
St. Mary's General Hospital, Lewiston
Workman General Hospital, Lincoln
Lincoln Hospital, Lincoln
Down East Community Hospital, Machias
Aroostook Health Center, Mars Hill
Millinocket Community Hosp., Millinocket
Milo Community Hospital, Milo
Stephens Memorial Hospital, Norway
Sebasticook Valley Hospital, Pittsfield
Maine Medical Center, Portland
Mercy Hospital, Portland
Osteopathic Hosp. of Maine, Inc., Portland
Arthur R. Gould Mem. Hosp., Presque Isle
Knox County General Hospital, Rockland
Rumford Community Hospital, Rumford
Saco Osteopathic Hospital, Saco
Henrietta D. Goodall Hospital, Sanford
Fairview Hospital, Skowhegan
Redington Memorial Hospital, Skowhegan
Van Buren Community Hospital, Van Buren
Seton Hospital, Waterville
Thayer Hospital, Waterville
Waterville Osteopathic Hosp., Waterville
Westbrook Community Hospital, Westbrook
York Hospital, York Village

STATE HOSPITALS
(Mental)

Augusta State Hospital, Augusta
Bangor State Hospital, Bangor
Pineland Hospital and Training Center, Pownal